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FEC FORM 3X

Only

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee Office Use Only 1. NAME OF **USE FEC MAILING LABEL** Example: If typing, type COMMITTEE (in full) OR TYPE OR PRINT ₩ over the lines American Hospital Association PAC 325 Seventh Street, NW ADDRESS (number and street) Suite 700 Check if different than previously Washington DC 20004 reported. (ACC) FEC IDENTIFICATION NUMBER **STATE** ZIPCODE 🛋 CITY A IS THIS **AMENDED** NEW C00106146 Χ REPORT OR (N) (A) **TYPE OF REPORT** (b) Monthly Nov 20 (M11) Feb 20 (M2) May 20 (M5) Aug 20 (M8) (Non-Election Year Only) Report (Choose One) Due On: Dec 20 (M12) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) (a) Quarterly Reports: Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE) April 15 Quarterly Report(Q1) (c) 12-Day Primary (12P) General (12G) Runoff (12R) July 15 PRE-Election Quarterly Report(Q2) Report for the: Convention (12C) Special (12G) October 15 Quarterly Report(Q3) January 31 Quarterly Report(YE) in the Election on State of July 31 Mid-Year (d) 30-Day Report(Non-election Year Only) (MY) Х Runoff (30R) Post -Election General (30G) Special (30S) Report for the: Termination Report (TER) in the 07 2006 11 Election on State of 10 19 2006 27 2006 11 through Covering Period I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Ms. Melinda Hatton Type or Print Name of Treasurer Electronically Filed by Ms. Melinda Hatton 05 18 2007 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g. Office **FEC FORM 3X** Use (Rev. 02/2003)

Image# 27990077584

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name American Hospital Association PAC [®] D ^b D 27 1.0 19 2006 1,1 2006 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 941820.56 [°]2006 January 1 (b) Cash on Hand at 938762.88 Begining of Reporting Period 233786.23 1403010.44 (c) Total Receipts (from Line 19) (d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 1172549.11 2344831.00 6(a) and 6(c) for Column B) 373383.07 1545664.96 7. Total Disbursements (from Line 31) Cash on Hand at Close of Reporting Period 799166.04 799166.04 (subtract Line 7 from Line 6(d)) 9. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations owed the committee (Itemize all on 0.00 Schedule C and/or Schedule D) This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 02/2003) Page 3

Write or Type Committee Name
American Hospital Association PAC

Report Covering the Period:

From:

м м 1 0 ^D 19

2006

To:

м м **1** 1 ^D 2^D 7

2006

	I. Receipts	I. Receipts COLUMN A Total This Period	
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	98764.85	556186.60
	(ii) Unitemized	45072.61	316070.35
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	143837.46	872256.95
	(b) Political Party Committees	0.00	0.00
	(c) Other Political Committees (such as PACs)	0.00	6666.00
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	143837.46	878922.95
12.	Transfers From Affiliated/Other Party Committees	60570.00	490138.00
13.	All Loans Received	0.00	0.00
14.	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	29000.00	29000.00
16.	Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	1500.00
17.	Other Federal Receipts (Dividends, Interest, etc.)	378.77	3449.49
18.	Transfers from Non-Federal and Levin Funds		
	(a) Non-Federal Account (from Schedule H3)	0.00	0.00
	(b) Levin Funds (from Schedule H5)	0.00	0.00
	(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	233786.23	1403010.44
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)	233786.23	1403010.44

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Shared Federal/Non-Federal		
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	29488.82	49832.85
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))	29488.82	49832.85
Transfers to Affiliated/Other Party Committees	0.00	0.00
Committees Contributions to Federal Candidates/Committees		
and Other Political Committees	111000.00	1226897.82
Independent Expenditure (use Schedule E) Coordinated Expenditures Made by Party	232394.25	267394.29
Committees (2 U.S.C. 441a(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	500.00	1540.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds	500.00	1540.00
(add Lines 28(a), (b), and (c))		
Other Disbursements	0.00	0.00
Federal Election Activity (2 U.S.C 431(20))(a) Shared Federal Election Activity		
(from Schedule H6) (i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	373383.07	1545664.96
Total Federal Disbursements		
(subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	373383.07	1545664.96
110111 EIIIG 01 J	070000.07	10-10004.90

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	143837.46	878922.95
34. Total Contribution Refunds (from Line 28(d))	500.00	1540.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	143337.46	877382.95
66. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	29488.82	49832.85
7. Offsets to Operating Expenditures (from Line 15, page 3)	29000.00	29000.00
88. Net Operating Expenditures (subtract Line 37 from Line 36)	488.82	20832.85

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	1	Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 150 (check only one) 11a 11b 11c X 12 13 14 15 16 17
Any information copied from such Reports and or for commercial purposes, other than using the	Statements may	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED Parallel Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State NY C C00 Occupatio	Zip Code 12144 0160259 n e Year-to-Date ▼ 110000.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) New York Hospital & Healthcare Assoc. FED Parallel Mailing Address One Empire Drive City Rensselaer FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State NY C C00 Occupatio	Zip Code 12144 0160259 n e Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Full Name (Last, First, Middle Initial) Wisconsin Hospital Association Federal PAC Mailing Address 5510 Research Park City Madison FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State WI C C00	Zip Code 53725-9038 0359455 n e Year-to-Date ▼	Date of Receipt M M M / B B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
SUBTOTAL of Receipts This Page (optional)			25560.00
TOTAL This Period (last page this line number	er only)		

C /	CHEDITIE A (EEO Farma OV)			FOR LINE NUMBER: PAGE 7 / 150
	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	11a 11b 11c X 12
			Detailed Summary Page	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	v not be sold or used by any perso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_				
	Full Name (Last, First, Middle Initial)			Date of Bassist
٦.	Texas Hospital Association HOSPAC - Federal Mailing Address P.O. Box 15587			Date of Receipt
	Walling Address P.O. Box 15587			11 07 2006
	City	State	Zip Code	Transaction ID: 13403439
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C C00	0301325	14730.00
	N (5)	10		_
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	Aggregate	F Teal-10-Date V	1
	Other (specify)		86530.00	
	Full Name (Last, First, Middle Initial)			
3.	California Healthcare Association PAC - Federal			Date of Receipt
	Mailing Address 1215 K Street			M M / D D / Y Y Y Y
	Suite 800	01-1-	7'- 0-4-	11 10 2006
	City	State	Zip Code	Transaction ID: 13405884
	Sacramento	CA	95814	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C C00	0237495	20000.00
	rederal political committee.			
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)	, ,	125000.00	
	Other (specify)			
	Full Name (Last, First, Middle Initial)			
Э.	Wisconsin Hospital Association Federal PAC			Date of Receipt
	Mailing Address 5510 Research Park Dri	ve		M M M / D D / Y Y Y Y
				11 13 2006
	City	State	Zip Code	Transaction ID: 13408991
	Madison	WI	53725-9038	Amount of Each Receipt this Period
	FEC ID number of contributing	C C00	0359455	280.00
	federal political committee.	00.	3000 100	
	Name of Employer	Occupation	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		7698.00	1
	Other (specify) ▼		7000.00	
C	LIPTOTAL of Descripts This Descriptions "		_	35010.00
3	UBTOTAL of Receipts This Page (optional)		······	-
т.	OTAL This Period (last page this line number or	nly)		60570.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 / 150 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Katie Vaughan Mailing Address 506 A East Howell Aven	ue		Date of Receipt M M / D D / Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13334416
	Alexandria FEC ID number of contributing federal political committee.	C	22301	Amount of Each Receipt this Period 10.00
	Name of Employer American Hospital Association-Washingt Receipt For: ☐ Primary ☐ General Other (specify) ▼		e Director e Year-to-Date ▼ 430.00	
3.	Full Name (Last, First, Middle Initial) Mr. Stephen J Campbell Mailing Address P O Box 489			Date of Receipt
	City	State	Zip Code	1 0 1 9 2 0 0 6 Transaction ID: 13360865
	Clayton	NM	88415-0489	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Union County General Hosp- ital	Occupation Administr	rator	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
D.	Full Name (Last, First, Middle Initial) Mr. James H Hinton			Date of Receipt
	Mailing Address P O Box 26666			10 19 / 2006
	City Albuquerque	State NM	Zip Code 87125-6666	Transaction ID: 13360871 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Presbyterian Healthcare Services Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼		t and Chief Executive Officer e Year-to-Date ▼ 500.00	
S	UBTOTAL of Receipts This Page (optional)			760.00
T	OTAL This Period (last page this line number or	nly))	

S	CHEDULE A (FEC Form 3X)		Llac concrete achadula(a)	FOR LINE NUMBER: PAGE 9 / 150
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
• • • • • • • • • • • • • • • • • • • •	EWIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Mark W Reifsteck			Date of Receipt
	Mailing Address P O Box 26666			10 19 2006
	City	State	Zip Code	Transaction ID: 13360872
	Albuquerque	NM	87125-6666	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Presbyterian Hospital	Occupation Senior Vi	n ice President and Chief Ope	rat
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 '	500.00	
	Other (specify)			
В.	Full Name (Last, First, Middle Initial) Mr. Stephen W McKernan			Date of Receipt
	Mailing Address 2211 Lomas Boulevard	NE		10 19 2006
	City	State	Zip Code	Transaction ID: 13360873
	Albuquerque	NM	87106-2745	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer University of New Mexico Hospitals	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	-	050.00	1
	Other (specify)		250.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Paul Herzog			Date of Receipt
	Mailing Address 601 Martin Luther King			10 19 7 2006
	City	State	Zip Code	Transaction ID: 13360874
	Albuquerque	NM	87102-3670	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		300.00
	Name of Employer Lovelace Medical Center-D-	Occupation		7
	owntown		ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify)	0 0		1
<u> </u>	L UBTOTAL of Receipts This Page (optional)			1050.00
1	:			

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 10 / 150	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a
Ar	ny information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Thomas P. Nickels			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13362308
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer American Hospital Association-Washingt Receipt For: Primary General Other (specify) ▼		n President, Federal Relations • Year-to-Date ▼ 1000.00	
В.	Full Name (Last, First, Middle Initial) Ms. Mary Ellen Wells Mailing Address 1095 Highway 15 South			Date of Receipt 1 0 2 3 2 0 0 6
	City			
	Hutchinson	State MN	Zip Code 55350-5000	Transaction ID: 13363058 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	3330-3000	250.00
	Name of Employer Hutchinson Area Health Ca- re	Occupation Presiden	t	
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
c.	Full Name (Last, First, Middle Initial) Mr Todd Johnson			Date of Receipt
	Mailing Address P O Box 43			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13363063
	Minneapolis	MN	55440-0043	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Allina Hospitals & Clinics	Occupation Vice Pres	n sident Government Affairs	
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 250.00	
s	UBTOTAL of Receipts This Page (optional)			1500.00
Ļ	OTAL This Period (last page this line number or	nlv)	•	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 11 / 150		
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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or	y information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and ado	not be sold or used by any persol dress of any political committee to	n for the purpose of solicit solicit contributions from s	ling contributions such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
	7 monoan moophan moodalation in the				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Timothy H Hanson			Date of Receipt	
	Mailing Address 559 Capitol Boulevard,	6-South		10 23	2006
	City	State	Zip Code	Transaction ID: 13	
	Saint Paul	MN	55103-0000	Amount of Each Re	
			00100 0000	Amount of Laciffic	1 1 1 1
	FEC ID number of contributing federal political committee.	C			250.00
		1-		_	
	Name of Employer HealthEast Care System	Occupation			
	Receipt For:		t and Chief Executive Officer Year-to-Date T		
	Primary General	Aygregate	rear-to-Date ♥		
	Other (specify)		250.00		
		0 0	0 0 0 0 0 0 0		
	Full Name (Last, First, Middle Initial)				
В.	Mr. Matthew Anderson, JD			Date of Receipt	
	Mailing Address 2550 University Avenue	W.		10 23	2006
	City	State	Zip Code		
	City			Transaction ID: 13	
	Saint Paul	IVIIN	55114-1052	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	<u> </u>				
	Name of Employer Minnesota Hospital Associ-	Occupation			
	ation	_	s, Regulatory/Strategic Affair		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Guisi (openily) 🔻	0 0	0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Dr. Gordon L Alexander, , M.D.			Date of Receipt	
	Mailing Address 2450 Riverside Avenue			10 23	2006
	City	State	Zip Code	Transaction ID: 13	
	Minneapolis	MN	55454-1512	Amount of Each Re	
	•		33434 1312	Amount of Lacif Re	
	FEC ID number of contributing federal political committee.	C			375.00
				_	
	Name of Employer University of Minnesota	Occupation			
	Medical Center	President			
Receipt For: Primary Other (specify)			e Year-to-Date ♥		
			375.00		
			0 0 0 0 0 0 0		
s	UBTOTAL of Receipts This Page (optional)				875.00
	,				
T	OTAL This Period (last page this line number of				

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 12 / 150
	-		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Jacquelyn Gaines			Date of Receipt
	Mailing Address 10150 SE 32nd Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13364095
	Milwaukie	OR	97222-6516	Amount of Each Receipt this Period
		OIL	97222-0310	Afflount of Each Neceipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Providence Milwaukie Hosp-	Occupation Administr		
	ital Receipt For:	1	Year-to-Date ▼	
	Primary General	riggrogate	real to Bate V	1
	Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Skip Kriz			Date of Receipt
•	Mailing Address 2095 Lakeview Drive			M M / D D / Y Y Y Y
	Maining , tod 555 2000 Lakeview Diffe			10 23 2006
	City	State	Zip Code	Transaction ID: 13364096
	Eugene	OR	97408-7207	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
				
	Name of Employer PeaceHealth	Occupation	ո ancial Officer	
	Receipt For:		Year-to-Date V	
	Primary General	Aggregate	rear-to-Date V	,
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			D. (D.)
٠.	Mr. James R Barnhart			Date of Receipt
	Mailing Address 400 Ninth Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13364098
	Florence	OR	97439-7398	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Peace Harbor Hospital	Occupation	1	
			ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)	0 0	250.00	1
s	UBTOTAL of Receipts This Page (optional)			750.00
_				
\mathbf{I}	OTAL This Period (last page this line number or	1IY)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 13 / 150		
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Carrinary Fage	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	lress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
\angle						
Α.	Full Name (Last, First, Middle Initial) Mr. Duane Francis			Date of Receipt		
	Mailing Address 1700 East 19th Street			M M / D D / Y Y Y Y		
				10 23 2006		
	City	State	Zip Code	Transaction ID: 13364101		
	The Dalles	OR	97058-3317	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		250.00		
	Name of Employer	Occupation	1	_		
	Name of Employer Mid-Columbia Medical Cent-	President				
	er Receipt For:		Year-to-Date ▼			
	Primary General	199.194		1		
	Other (specify) ▼		250.00			
	Full Name (Last, First, Middle Initial)			B		
В.				Date of Receipt		
	Mailing Address 3015 Summit Sky Blvd.			10 23 2006		
	City	State	Zip Code	Transaction ID: 13364103		
	Eugene	OR	97405-6253	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Canalana	10		_		
	Name of Employer PeaceHealth	Occupation CEO	I			
	Receipt For:		Year-to-Date ▼			
	Primary General	/ iggi ogalo	Total to Bate V	1		
	Other (specify) ▼		250.00			
_	Full Name (Last, First, Middle Initial)			5. (5		
C.	Mr. William P Sexton			Date of Receipt		
	Mailing Address 725 South Wahanna Ro	aa		10 23 2006		
	City	State	Zip Code	Transaction ID: 13364105		
	Seaside	OR	97138-7735	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer	Occupation	<u> </u>	_		
	Name of Employer Providence Seaside Hospit-	Chief Exe				
	al Receipt For:		Year-to-Date ▼	_		
	Primary General	99. 09410		1		
	Other (specify)		250.00			
				1		
	-					
s	UBTOTAL of Receipts This Page (optional)			750.00		
\vdash			_			

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 14 / 150 (check only one)		
ITEMIZED RECEIPTS			or each category of the		
••	EMIZED RECEIL 10		Detailed Summary Page	X 11a 11b	11c 12 15 16 17
۸۰	y information copied from such Reports and St	, not be cold or used by any parce			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions fro	om such committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
A.	Full Name (Last, First, Middle Initial) Mr. Norman F Gruber			Date of Receipt	
	Mailing Address P O Box 14001 City	State	Zip Code	1 0 2	2006
	Salem	OR	97309-5014	Transaction ID:	
		On	97309-3014	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			50.00
	Name of Employer Salem Hospital	Occupation President	n t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		247.50		
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Peter F Rapp			Date of Receipt	
	Mailing Address 3181 SW Sam Jackson			10 23 2006	
	City	State Zip Code		Transaction ID: 13364108	
	Portland OR		97201-3098	Amount of Each	Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer OHSU Hospital	Occupation Vice Pres	n sident and Executive Director	.]	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Terry O Finklein			Date of Receipt	
	Mailing Address 2111 Exchange Street			10 2	2006
	City	State	Zip Code	Transaction ID:	13364111
	Astoria	OR	97103-3329	Amount of Each	Receipt this Period
FEC ID number of contributing federal political committee. Name of Employer Columbia Memorial Hospital Receipt For:		C			250.00
		Occupation Chief Exe	n ecutive Officer	7	
		Aggregate	e Year-to-Date ▼		
Primary General			250.00		
	Other (specify)		230.00		
s	UBTOTAL of Receipts This Page (optional)				800.00
			·		
T	OTAL This Period (last page this line number of	only)	>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 15 / 150
` '			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Fage	13 14 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
<u></u>	Full Name (Last, First, Middle Initial)			
A.				Date of Receipt
	Mailing Address 3735 Cherokee Drive S	outh		10 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13364112
	Salem	OR	97302-9712	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Salem Hospital	Occupation		7
			dical Officer	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,
	Other (specify)		250.00	
	outer (opening)	0 0	1 1 1 1 1 1 1	
— В.	Full Name (Last, First, Middle Initial) Mr. Ronald M. Hollander			Date of Receipt
ъ.	Mailing Address 32 Wamesit Road			M M / D D / Y Y Y Y
	Walling Address 32 Walliesit Hoad			10 23 2006
	City	State	Zip Code	Transaction ID: 13364131
	Waban	MA	02468-1423	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of Employer	Occupation	1	
	Receipt For:	Aggregate	Year-to-Date ▼	_
	Primary General	00 0		1
	Other (specify) ▼	0 0	1000.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. John Allen			Date of Receipt
	Mailing Address P O Box 1990			10 23 2006
	City	State	Zip Code	Transaction ID: 13364135
	Kearney	NE	68848-1990	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		230.00
	Name of Employer Good Samaritan Health Sys-	Occupation		
	tems		t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	' '	250.00	
	Other (specify)	0 0		
$\overline{}$				
_	UDTOTAL of Doctor Title 5			1500.00
\vdash^{s}	UBTOTAL of Receipts This Page (optional)		······	
1				

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 16 / 150
•		Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Richard A. Hachten, II			Date of Receipt
	Mailing Address 2676 South 96th Circle			10 23 2006
	City	State	Zip Code	Transaction ID: 13364136
	Omaha	NE	68124-1949	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			250.00
	Name of Employer Alegent Health	Occupation	n t, Alegent Health System	
			Year-to-Date V	
	Receipt For: Primary General	Aggregate	Freai-io-Date ▼	,
	Other (specify)		250.00	
	- 1 1 (-		0 0 0 0 0 0 0	,
В.	Full Name (Last, First, Middle Initial) Mr. Craig M Ames			Date of Receipt
	Mailing Address 1600 South 48th Street			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13364137
	Lincoln	NE	68506-1299	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
				_
	Name of Employer BryanLGH Medical Center	Occupation		
	-		and Chief Operating Office	<u>r </u>
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)		250.00	
	Guier (cposiny) V	0 0	0 0 0 0 0 0 0	
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Laurie Acred-Natelson			Date of Receipt
	Mailing Address 1901 Clinch Avenue			10 23 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13365589
	Knoxville	TN	37916-2307	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Fort Sanders Regional Med-	Occupation	1	
	ical Center	Director	Voor to Dato	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,
	Other (specify)	1 ' '	250.00	
			0 0 0 0 0 0 0	1
ء	UBTOTAL of Receipts This Page (optional)			750.00
\vdash	22.2.7.2 of 1.000.pto 1110 1 ago (optional)			-

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 17 / 150
	•		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Gairmary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
A.	Mr. Dwayne Blaylock			Date of Receipt
	Mailing Address 1801 North Jackson Str	eet		10 23 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13365590
	Tullahoma	TN	37388-2201	
		111	37300-2201	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Harton Regional Medical	Occupation		7
	Center		ecutive Officer	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		250.00	
	Cuter (specify)	0 0	0 0 0 0 0 0 0	
В.	Full Name (Last, First, Middle Initial) Mr. Scott Bowman			Date of Receipt
٥.	Mailing Address 304 Wright Street			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13365591
	Sweetwater	TN	37874-2897	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		300.00
	Name of Employer	Occupation	1	7
	Sweetwater Hospital	Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	1 1		1
	Other (specify) ▼		500.00	
	Full Name (Last, First, Middle Initial)			
C.	Ms. Ruth W Brinkley			Date of Receipt
	Mailing Address 2525 De Sales Avenue			10 23 2006
	City	State	Zip Code	Transaction ID: 13365592
	Chattanooga	TN	37404-1102	Amount of Each Receipt this Period
	FEC ID number of contributing			1000.00
	federal political committee.	C		1000.00
	Name of Employer Memorial Health Care Syst-	Occupation		
	<u>em</u>		t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		1000.00	1
	Other (specify)	0 0	1000.00	
_				
				1750.00
S	UBTOTAL of Receipts This Page (optional)		······································	1730.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 18 / 150	
	ITEMIZED RECEIPTS		or each category of the	(check only one)	, –
••	LIMIZED RECEIL 13		Detailed Summary Page	X 11a 11b	111c 12
Δ,	ny information against from augh Poports and St	atomonto mo	, not be cold or used by any paragr	13 14	15 16 17
or	ny information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle	·				
	Full Name (Last, First, Middle Initial)			Data of Danaist	
Α.	Ms. Charlotte Burns			Date of Receipt	
	Mailing Address 935 Wayne Road			10 23	2006
	City	State	Zip Code	Transaction ID: 13	
	Savannah	TN	38372-1937	Amount of Each Re	
	FEC ID number of contributing				
	federal political committee.	C			250.00
	Name of Employer Hardin Medical Center	Occupation Administ	n rator and Chief Executive Off	i	
	Receipt For:		e Year-to-Date ▼	1	
	Primary General	-	050.00		
	Other (specify)		250.00		
В.	Full Name (Last, First, Middle Initial) Mr. James Lee Decker			Date of Receipt	
	Mailing Address 435 Second Street			M M / D D	/ Y
				10 23	2006
	City	State	Zip Code	Transaction ID: 13	365594
	Knoxville	TN	37821-3799	Amount of Each Re	ceipt this Period
	FEC ID number of contributing	C			250.00
	federal political committee.				
	Name of Employer Baptist Hospital of Cocke	Occupation	n		
	Baptist Hospital of Cocke County	Senior Vi	ice President and Administrat	to	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)		230.00		
_	Full Name (Last, First, Middle Initial)				
C.	Mr Greg Duckett			Date of Receipt	
	Mailing Address 350 North Humphreys	Boulevard		M M / D D	
	-			10 23	2006
	City	State	Zip Code	Transaction ID: 13	
	Memphis	TN	38120-2177	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			1000.00
	rederal political committee.				
	Name of Employer Baptist Memorial Health	Occupation			
	Care Corporati		ice President and Chief Legal		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	1000.00			
	Saioi (opeonij) 🔻	0 0			
s	UBTOTAL of Receipts This Page (optional)			L	1500.00
\vdash					
т	OTAL This Period (last page this line number of				

S	SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 19 / 150
ITEMIZED RECEIPTS			or each category of the	(check only one)
•	EMIZED RECEIL TO		Detailed Summary Page	X 11a 11b 11c 12
Λ	over information period from such Departs and Ctat	amanta mai	, not be cold or used by any name	13 14 15 16 17
or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Robert S. Gordon			Date of Receipt
	Mailing Address 7891 Cross Pike Drive			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13365596
	Germantown	TN	38138-8117	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Baptist Memorial Health Care Corporati	Occupation Executive	e Vice President & CAO	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0	500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Andrew Hall			Date of Receipt
	Mailing Address 1905 Amerian Way			10 23 7 9 9 9
	City	State	Zip Code	Transaction ID: 13365597
	Kingsport	TN	37660-5882	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer Wellmont Health System	Occupation Director	ו	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr David C Hogan			Date of Receipt
	Mailing Address 350 North Humphreys Bo	oulevard		10 23 2006
	City	State	Zip Code	Transaction ID: 13365598
	Memphis	TN	38120-2177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Baptist Memorial Health	Occupation	1	7
	Care Corporati		e Vice President and Chief C)p e
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼			1
s	UBTOTAL of Receipts This Page (optional)			1250.00
_	OTAL This David Action 18 18 18			
- 11	OTAL This Period (last page this line number onl	y)		

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 20 / 150 (check only one) X 11a 11b 11c 12 13 14 15 16 17
Any ir	nformation copied from such Reports and Sta	atements may	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions
\	AME OF COMMITTEE (In Full) merican Hospital Association PAC			
A. MI MI Ci BI FE fee	ull Name (Last, First, Middle Initial) ir. Jone' Koford ailing Address 103 Powell Court ity rentwood EC ID number of contributing deral political committee. ame of Employer fePoint Hospitals, Inc. eceipt For: Primary General Other (specify)	State TN C Occupation President Aggregate		Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
B. MI MI Ci KI FE fee Na Ui	ull Name (Last, First, Middle Initial) r. Joseph Landsman ailing Address 1520 Cherokee Trail ity inoxville EC ID number of contributing deral political committee. ame of Employer niversity of Tennessee ledical Center eceipt For: Primary General Other (specify)	State TN C Occupation President Aggregate		Date of Receipt M M A Z 3 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C. MI MI Ci Ci FE fec	ull Name (Last, First, Middle Initial) r. James L McMackin ailing Address 421 South Main Street ity crossville EC ID number of contributing deral political committee. ame of Employer umberland Medical Center ecceipt For: Primary General Other (specify)	1	Zip Code 38555-5031 n t and Chief Executive Officel e Year-to-Date ▼ 1000.00	Date of Receipt M M M / 23 / 2006 Transaction ID: 13365601 Amount of Each Receipt this Period 1000.00
SUB	STOTAL of Receipts This Page (optional)			2000.00
тот	AL This Period (last page this line number of	nlv)		

21	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 21 / 150
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Δn	y information copied from such Reports and Sta	tements may	not he sold or used by any nerso	
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\	American Hospital Association PAC			
/	American Hospital Association 1 Ao			
_	Full Name (Last, First, Middle Initial)			
۹.	Mr John D Nash			Date of Receipt
	Mailing Address 332 North Lauderdale S	treet		M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13365602
	Memphis	TN	38105-2794	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer St. Jude Children's Resea-	Occupation		
	rch Hospital	Executive	e Vice President and Chief O	pe
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
	Full Name (Last, First, Middle Initial)			D. (D.)
⋨.	Mr. Stephen Curtis Reynolds			Date of Receipt
	Mailing Address 350 North Humphreys B	10 23 2006		
	City			
	•	State	Zip Code	Transaction ID: 13365603
	Memphis	TN	38120-2177	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	rederai politicai committee.			
	Name of Employer Baptist Memorial Health	Occupation	n	7
	Care Corporati	Presiden	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)		500.00	
_	Full Name (Last, First, Middle Initial)			Data of Danairi
٠.	Dr. Bruce W Steinhauer, , M.D.			Date of Receipt
	Mailing Address 877 Jefferson Avenue			10 23 2006
	City	State	Zip Code	Transaction ID: 13365604
	Memphis	TN	38103-2897	Amount of Each Receipt this Period
	•	111	JU10J-2031	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		1000.00
	rederai politicai committee.			
	Name of Employer Regional Medical Center	Occupation	n	7
	at Memphis	Presiden	t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		1000.00	
	Other (specify) ▼		1000.00	
				4750.00
S	UBTOTAL of Receipts This Page (optional)		·····	1750.00
T	OTAL This Period (last page this line number or	nly)	>	

SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 22 / 150
		Use separate schedule(s)	(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
		Detailed Garrinally Fage	13 14 15 16 17
Any information copied from such Reports and Sta	atements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Ms. Deborah Strickland			Date of Receipt
Mailing Address PO Box 1558			10 23 2006
City	State	Zip Code	Transaction ID: 13365605
Gallatin	TN	37066-1558	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Sumner Regional Medical Center	Occupation Chief Exc	n cutive Officer	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) 3. Mr. Carlyle L E Walton			Date of Receipt
Mailing Address 401 Takoma Avenue	10 23 7 2006		
City	State	Zip Code	Transaction ID: 13365606
Greeneville	TN	37743-4647	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Takoma Adventist Hospital	Occupation Presiden		
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General			1
Other (specify) ▼	0 0	250.00	
Full Name (Last, First, Middle Initial) Ms. Betsy B. Wood			Date of Receipt
Mailing Address 500 Interstate Boulevard	d, South		10 23 7 2006
City	State	Zip Code	Transaction ID: 13365607
<u>Nashville</u>	TN	37210-4634	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С		500.00
Name of Employer	Occupation		
Tennessee Hośpital Association	Former V	lice President, Government	Af <mark>f</mark> a
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General		500.00	1
Other (specify)	0 0	500.00	
SUBTOTAL of Receipts This Page (optional)			1000.00
TOTAL This Period (last page this line number of	only))	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 23 / 150
	` '		Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			,,	13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. Alan J Bleyer			Date of Receipt
	Mailing Address 400 Wabash Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13366791
	Akron	ОН	44307-2433	Amount of Each Receipt this Period
			1.00. 2.00	
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Akron General Medical Cen-	Occupation President	n t and Chief Executive Officer	
	ter Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Karen Bankston			Date of Receipt
	Mailing Address 3200 Burnet Avenue			10 23 2006
	City	State	Zip Code	Transaction ID: 13366792
	Cincinnati	OH	45229-3099	Amount of Each Receipt this Period
	FEC ID number of contributing			050.00
	federal political committee.	C		250.00
	Name of Employer Health Alliance of Greater	Occupation		
	Cincinnati		P, External Affairs	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	☐ Other (specify) ▼	0 0	200.00	
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Daggint
٥.	Mr. Thomas S. Urban Mailing Address 8484 Old Shaw Way			Date of Receipt
	Walling Address 8484 Old Shaw Way			10 23 2006
	City	State	Zip Code	Transaction ID: 13366794
	West Chester	OH	45069-6400	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	С		250.00
	Name of Employer Mercy Health Partners	Occupation Administr		
	Receipt For:		Year-to-Date ▼	
	Primary General		050.00	1
	Other (specify)		250.00	
				750.00
s	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 24 / 150					
	· · · · · · · · · · · · · · · · · · ·	Use separate schedule(s) or each category of the		(check only one)					
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12					
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions					
or	for commercial purposes, other than using the	name and add	lress of any political committee to	solicit contributions from such committee.					
	NAME OF COMMITTEE (In Full)								
	American Hospital Association PAC								
Α.	Full Name (Last, First, Middle Initial) Mr. James A Kingsbury			Date of Receipt					
	Mailing Address 234 Goodman Street			10 23 2006					
	City	State	Zip Code	Transaction ID: 13366796					
	Cincinnati	ОН	45219-2364	Amount of Each Receipt this Period					
	FEC ID number of contributing								
	federal political committee.	C		250.00					
	Name of Employer University Hospital	Occupation Interim E	n xecutive Director						
	Receipt For:		Year-to-Date ▼						
	Primary General			1					
	Other (specify) ▼	1	250.00						
				1					
В.	Full Name (Last, First, Middle Initial) Dr. Fred C Rothstein, , M.D.			Date of Receipt					
	Mailing Address 11100 Euclid Avenue			M M / D D / Y Y Y Y					
				10 23 2006					
	City	State	Zip Code	Transaction ID: 13366797					
	Cleveland	OH	44106-1736	Amount of Each Receipt this Period					
	FEC ID number of contributing			250.00					
	federal political committee.	C		250.00					
	Name of Employer University Hospitals Case	Occupation	1						
	University Hospitals Case Medical Cent	President	t						
	Receipt For:	Aggregate	Year-to-Date ▼						
	Primary General	-	050.00	1					
	Other (specify)	0 0	250.00						
_	Full Name (Last, First, Middle Initial)			<u> </u>					
C.	Mr. John E. Callender			Date of Receipt					
	Mailing Address 2743 Elginfield Road			10 23 2006					
	City	State	Zip Code	Transaction ID: 13366803					
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period					
	FEC ID number of contributing			125.00					
	federal political committee.	C		123.00					
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n ce President						
	Receipt For:		Year-to-Date ▼						
	Primary General			1					
	Other (specify) ▼		350.00						
s	UBTOTAL of Receipts This Page (optional)			625.00					
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 25 / 150 (check only one)	
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a] 17
Ar	y information copied from such Reports and Stateme for commercial purposes, other than using the name	ents may and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Gregory J Walker			Date of Receipt	
	Mailing Address 789 Central Avenue			10 23 7 2006	
	City	State	Zip Code	Transaction ID: 13371593	
	<u>Dover</u>	<u>IH</u>	03820-2526	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Wentworth-Douglace Hospit-	cupation	n ecutive Officer		
	Receipt For: Ag	ggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
В.				Date of Receipt	
	Mailing Address 5 Paine Road			10 23 7 2006	
	•	State	Zip Code	Transaction ID: 13371594	
	<u>Etna</u> N	1H	03750-4508	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			250.00	
	Dortmouth Litchoock Modic	cupation	n Regional Program Developn	nent	
	Receipt For: Ag	ggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Ms Jeanine Chesley			Date of Receipt	
	Mailing Address 335 Brighton Avenue			10 23 7 9 9 9	
	,	State	Zip Code	Transaction ID: 13371595	
	Portland N	<u>/IЕ</u>	04102-2362	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	;		250.00	
	LIEALTHOOTITH Debebilitetion	cupation O/ Are	n eaController		
	1 100 pitai		Year-to-Date ▼		
	Primary General Other (specify) ▼	0 0	250.00		
s	UBTOTAL of Receipts This Page (optional)			750.00	
 	OTAL This Period (last page this line number only)				

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 26 / 150
			Use separate schedule(s) or each category of the	(check only one)
111	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or f	y information copied from such Reports and Sta or commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Ms. Paula Minnehan			Date of Receipt
	Mailing Address 283 Gallopiny Hill Road			10 23 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13371596
	Hopkinton	NH	03229-3402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer New Hampshire Hospital As- sociation	Occupation Vice Pres	n sident, Rural Health & Reimb	our
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
	Full Name (Last, First, Middle Initial) Mr. Scott W Howe			Date of Receipt
	Mailing Address 173 Middle Street			10 23 7 2006
	City	State	Zip Code	Transaction ID: 13371597
	Lancaster	NH	03584-3508	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Weeks Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial) Ms. Louise McCleery			Date of Receipt
	Mailing Address 245 Main Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13371598
	Colebrook	NH	03576-3002	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Upper Connecticut Valley Hospital	Occupation Chief Exc	n cutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
SI	JBTOTAL of Receipts This Page (optional)			750.00
T	OTAL This Period (last page this line number or	ıly))	

Ç/	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 27 / 150
			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	atements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
۹.	Mr. Gary S Barber			Date of Receipt
	Mailing Address 3501 Johnson Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13375898
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	•		00021 0721	Amount of Each receipt this renou
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Healthcare System	Occupation General		
	Receipt For:		e Year-to-Date V	\dashv
	Primary General	7199109410	Tour to Bate V	1
	Other (specify) ▼		250.00	
				1
3.	Full Name (Last, First, Middle Initial) Mr John A Benz			Date of Receipt
	Mailing Address 3501 Johnson Street			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13375899
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	n	7
	Memorial Healthcare System	Strategic	& Business Development O	ffic
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼		230.00	
_	Full Name (Last, First, Middle Initial) Mr Forest Blanton			Date of Receipt
٠.	Mailing Address 3501 Johnson Street			M M / D D / Y Y Y Y
	Walling Address 3501 Johnson Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13375900
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.	<u> </u>		200.00
	Name of Employer	Occupation	n	7
	Memorial Regional Hospital		rator Process Engineering	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General	1 1	050.00	
	Other (specify)		250.00	
				750.00
s	UBTOTAL of Receipts This Page (optional)		·····	730.00
T	OTAL This Period (last page this line number o	nly))	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 28 / 150
ITEMIZED RECEIPTS			or each category of the	(check only one)
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			Detailed Galliniary 1 age	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
Α.	Ms. Dana Ferrell			Date of Receipt
	Mailing Address 807 Nira Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13375901
	<u>Jacksonville</u>	FL		Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Nemours Children's Clinic	Occupation		
			of Government Relations	_
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	250.00	
	Other (specify)	0 0	200.00	1
В.	Full Name (Last, First, Middle Initial) Ms. Martha Garcia			Date of Receipt
	Mailing Address 7800 Sheridan Street			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13375902
	Pembroke Pines	FL	33024-2536	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.	<u></u>		200.00
	Name of Employer Memorial Hospital Pembroke	Occupation	n	
	·	Administ		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General	, ,	250.00	1
	Other (specify)		230.00	
_	Full Name (Last, First, Middle Initial)			
C.	Mr. Timothy J Goldfarb			Date of Receipt
	Mailing Address 1600 SW Archer Road			10 23 2006
	City	State	Zip Code	Transaction ID: 13375903
	Gainesville	FL	32610-3003	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		250.00
	Name of Employer Shands HealthCare			
			ecutive Officer	\dashv
	Receipt For:	Aggregate	e Year-to-Date ▼	_
	Primary General		250.00	
	Other (specify) ▼		200.00	1
Г	<u>l</u>			
s	UBTOTAL of Receipts This Page (optional)			750.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 29 / 150
ITEMIZED RECEIPTS		or each category of the		(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Δη	y information copied from such Reports and Si	tatemente may	y not be sold or used by any pers	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. C Kennon Hetlage			Date of Receipt
	Mailing Address 703 North Flamingo Ro	oad		10 23 2006
	City	State	Zip Code	Transaction ID: 13375904
	Pembroke Pines	FL	33028-1006	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		375.00
	Name of Employer Memorial Hospital West	Occupation Administr		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		7
	Other (specify) ▼	0 0	375.00	
В.	Full Name (Last, First, Middle Initial) Mr. Ray Kendrick			Date of Receipt
	Mailing Address 4232 Mahogany Ridge	Mailing Address 4232 Mahogany Ridge Drive		
	City	State	Zip Code	Transaction ID: 13375905
	147	EL		
	Weston	<u> </u>	33331-3826	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C	33331-3826	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing			
	FEC ID number of contributing federal political committee. Name of Employer	Occupation CEO		
	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West	Occupation CEO	1	
	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial)	Occupation CEO	n • Year-to-Date ▼	250.00
C.	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify)	Occupation CEO	n • Year-to-Date ▼	Date of Receipt
c.	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Stanley Marks, , M.D.	Occupation CEO	n • Year-to-Date ▼	Date of Receipt 10 250.00
c.	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Stanley Marks, , M.D. Mailing Address 3501 Johnson Street	Occupation CEO Aggregate	n Year-to-Date ▼ 250.00	Date of Receipt
 C.	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Stanley Marks, , M.D. Mailing Address 3501 Johnson Street City	Occupation CEO Aggregate	Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
C.	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Stanley Marks, , M.D. Mailing Address 3501 Johnson Street City Pembroke Pines FEC ID number of contributing	C Occupation CEO Aggregate State FL C Occupation	250.00 ▼ Zip Code 33021-5421	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Stanley Marks, , M.D. Mailing Address 3501 Johnson Street City Pembroke Pines FEC ID number of contributing federal political committee. Name of Employer Memorial Healthcare System Receipt For:	C Occupation CEO Aggregate State FL C Occupation Chief Me	Zip Code 33021-5421	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
c.	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Dr Stanley Marks, , M.D. Mailing Address 3501 Johnson Street City Pembroke Pines FEC ID number of contributing federal political committee. Name of Employer Memorial Healthcare System	C Occupation CEO Aggregate State FL C Occupation Chief Me	Zip Code 33021-5421	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	FEC ID number of contributing federal political committee. Name of Employer Memorial Hospital West Receipt For: Primary General Other (specify) Full Name (Last, First, Middle Initial) Dr Stanley Marks, , M.D. Mailing Address 3501 Johnson Street City Pembroke Pines FEC ID number of contributing federal political committee. Name of Employer Memorial Healthcare System Receipt For: Primary General	C Occupation CEO Aggregate State FL C Occupation Chief Me Aggregate	Zip Code 33021-5421 dical Officer Year-to-Date ▼ 250.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 30 / 150
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
Ar	ny information copied from such Reports and Si for commercial purposes, other than using the	tatements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solic solicit contributions from	iting contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in on oan 110 optical 7 to occident 117 to				
_	Full Name (Last, First, Middle Initial)				
A.	Mr Matthew J Muhart			Date of Receipt	
	Mailing Address 3501 Johnson Street			10 23	
	City	State	Zip Code	Transaction ID: 1	
	Hollywood	FL	33021-5421	Amount of Each R	
			00021 0421	Amount of Lacif N	· · · · · ·
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Memorial Healthcare System	Occupation			
			ancial Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		250.00		
	care (epocity) \	0 0	1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 3501 Johnson Street			M M / D D	
				10 23	
	City	State	Zip Code	Transaction ID: 1	
	Hollywood	<u>FL</u>	33021-5421	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	rederal political committee.				
	Name of Employer Memorial Regional Hospital	Occupation	n		
	менона педона поѕрца	Administ			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00	1	
	Other (specify)	0 0			
	Full Name (Last, First, Middle Initial)				
C.	Mr. Kenneth P. Resmini			Date of Receipt	
	Mailing Address 2445 N. 37th Aveneu			M M / D D	
				10 23	
	City	State	Zip Code	Transaction ID: 1	
	Hollywood	FL	33021	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			250.00
	federal political committee.				
	Name of Employer	Occupation	n		
	Memorial Regional Hospital	Director of	of Compliance & Audit		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	' '	250.00	1	
	Other (specify) ▼	1 1	250.00		
_	UDTOTAL of Descipts This Description II				750.00
L	UBTOTAL of Receipts This Page (optional)		······	-	
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 31 / 150
ITEMIZED RECEIPTS		or each category of the		(check only one)
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or	ly information copied from such Reports and St for commercial purposes, other than using the	name and add	r not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr Paul M Rosenberg			Date of Receipt
	Mailing Address 1600 SW Archer Road			10 23 2006
	City	State	Zip Code	Transaction ID: 13375910
	Gainesville	FL	32610-0326	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Shands HealthCare	Occupation Senior Vi	n ce President and General C	oun
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. David L. Schlemmer			Date of Receipt
٥.	Mailing Address 8621 NW 53rd Court			M M / D D / Y Y Y Y
	Walling Address 8021 NVV 3514 Gourt			10 23 2006
	City	State	Zip Code	Transaction ID: 13375911
	Coral Springs	FL	33067-2846	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Memorial Healthcare System	Occupation Administration	n rative Director of Construction	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
<u>с</u> .	Full Name (Last, First, Middle Initial) Ms Deborah Tedder			Date of Receipt
	Mailing Address 3501 Johnson Street			10 23 YYYYY Y 2006
	City	State	Zip Code	Transaction ID: 13375912
	Hollywood	FL	33021-5421	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Memorial Regional Hospital	Occupation	n erating Officer and Chief Nu	re
	Receipt For:		e Year-to-Date	
	Primary General	, iggi ogaic	Total to Bate V	1
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
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Ιт	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUM	BER: PAGE 32/150
ITEMIZED RECEIPTS			or each category of the	(check only one)	
			Detailed Summary Page	 	1b 11c 12
				13 1	· <u> </u>
Ar	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	n for the purpose of solicit contributions	f soliciting contributions from such committee.
	NAME OF COMMITTEE (In Full)		7,1111111111111111111111111111111111111		
$ \rangle$	American Hospital Association PAC				
	7 in ordan riospital 7 toossiation i 7 to				
_	Full Name (Last, First, Middle Initial)				
A.	Mr. Anthony C. Krayer, III			Date of Recei	pt
	Mailing Address 340 W. Tropicla Way			1 0	23 2006
	City	State	Zip Code		
	Plantation	FL	33317-3329		D: 13375913
		16	33317-3329	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Memorial Regional Hospital	Occupation			
			rporate Affairs Officer		
	Receipt For:	Aggregate	Year-to-Date ▼	.	
	Primary General Other (specify) ▼		500.00		
	Other (specify)		1 1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.	Mr. Zeff Ross			Date of Recei	pt
	Mailing Address 703 North Flamingo Ro	ad)
				1 0	23 2006
	City	State	Zip Code	Transaction I	D : 13375914
	Pembroke Pines	FL	33028-1006	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing	С			500.00
	federal political committee.				
	Name of Employer Memorial Hospital West	Occupation	1		
	Memorial Hospital West	Administ	rator		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify)		300.00		
C.	Full Name (Last, First, Middle Initial) Mr. Frank V Sacco, , FACHE			Date of Recei	int
•	Mailing Address 3501 Johnson Street				
	a g a a a a a a a a a a a a a a a a a a			1 0	23 2006
	City	State	Zip Code	Transaction I	D : 13375915
	Hollywood	FL	33021-5487	Amount of Ea	ch Receipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.				300.00
	Name of Employer	Occupation	 1	\dashv	
	Memorial Healthcare System		t and Chief Executive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼		500.00		
_					
					1500.00
S	UBTOTAL of Receipts This Page (optional)		······		1300.00
T	OTAL This Period (last page this line number of	only)	>		

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER:	PAGE 33 / 150
			Use separate schedule(s)	(check only one)	
ITE	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b	11c 12
			Detailed Guillinary Fage	13 14	15 16 17
Any	r information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of solicitin	g contributions
or f	or commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from su	ch committee.
	NAME OF COMMITTEE (In Full)				
\rangle	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
	Dr. Greg Zorman, M.D.			Date of Receipt	
	Mailing Address 5730 Arapahoe Road			10 23	2006
	City	State	Zip Code		
	Fort Lauderdale	FL	33312-6354	Transaction ID: 133	
		1 5	33312-0334	Amount of Each Rece	eipt triis Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Memorial Healthcare System	Occupation	n Neurosurgery		
	Receipt For:		Year-to-Date ▼	_	
	Primary General	7.99.094.0		1	
	Other (specify) ▼	1	500.00		
				1	
_	Full Name (Last, First, Middle Initial) Ms. Nina Tucker			Date of Receipt	
	Mailing Address 3115 N. 36th Avenue			M M / D D /	YYYY
		10 23	2006		
	City	State	Zip Code	Transaction ID: 133	
	Hollywood	<u>FL</u>	33021-3062	Amount of Each Rece	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
•	Name of Employer Memorial Regional Hospital	Occupation	n	7	
	iviernonai Regionai Hospitai	Administ			
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify) ▼	0 0			
_	Full Name (Last, First, Middle Initial) Mr. James G FitzPatrick			Date of Receipt	
	Mailing Address 1000 Fourth Street SW			M M / D D /	YYYY
				10 23	2006
	City	State	Zip Code	Transaction ID: 133	78403
	Mason City	IA	50401-2800	Amount of Each Rece	eipt this Period
	FEC ID number of contributing	C			500.00
	federal political committee.	0			
•	Name of Employer	Occupation	n	7	
	Mercy Medical Center-North Iowa	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼		300.00		
SL	JBTOTAL of Receipts This Page (optional)				1250.00
			·	-	
TC	OTAL This Period (last page this line number or	nly))		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 34 / 150		
-			Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			_ common common , coge	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. John C Sheehan			Date of Receipt		
	Mailing Address P O Box 3026			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13378404		
	Cedar Rapids	IA	52406-3026			
	•	IA	32400-3020	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer St. Luke's Hospital	Occupation Executive	n e Vice President and Chief C)pe		
	Receipt For:		Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼	1	250.00			
				1		
В.	Full Name (Last, First, Middle Initial) Mr. Theodore E Townsend			Date of Receipt		
	Mailing Address P O Box 3026			M M / D D / Y Y Y Y		
	City	Ctoto	7in Codo	10 23 2006		
	City	State	Zip Code	Transaction ID: 13378405		
	Cedar Rapids	IA	52406-3026	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	rederal political committee.					
	Name of Employer St. Luke's Hospital	Occupation				
			t and Chief Executive Office	•		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00			
	Other (specify)	1 1				
<u> </u>	Full Name (Last, First, Middle Initial)			Data of Descript		
Ο.	Mr. John E Knox Mailing Address 350 North Grandview A	venue		Date of Receipt		
	Walling Address 550 North Grandview A	venue		10 23 2006		
	City	State	Zip Code	Transaction ID: 13378406		
	Dubuque	IA	52001-6392	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	С		250.00		
	Name of Employer Finley Hospital	Occupation				
			t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	'''	250.00			
	Other (specify) ▼			J.		
١.				1000.00		
Ls	UBTOTAL of Receipts This Page (optional)		······			
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 35 / 150 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a
Ar	y information copied from such Reports and Statem for commercial purposes, other than using the name	ents may and add	not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions oscillations solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. C. James Platt			Date of Receipt
	Mailing Address 2206 256th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13378409
	West Point	IA .	52656-9347	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Fort Madison Community Ho	ccupation	n ecutive Officer	
	Receipt For: Primary General Other (specify) ▼	ggregate	Year-to-Date ▼ 250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Charles R Miller			Date of Receipt
	Mailing Address P O Box 250			10 23 7 2006
	•	State	Zip Code	Transaction ID: 13378410
	Sheldon	IA	51201-0250	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	Sanford Shaldon Medical	ccupation hief Exe	n ecutive Officer	
		ggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00]
C .	Full Name (Last, First, Middle Initial) Mr. Todd C Linden			Date of Receipt
	Mailing Address 210 Fourth Avenue			10 23 2006
	,	State	Zip Code	Transaction ID: 13378411
	Grinnell	IA	50112-1886	Amount of Each Receipt this Period
	Todoral political committee.			250.00
	Grinnell Regional Medical Center Pi		t and Chief Executive Office	<u>r</u>
		ggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
_T	OTAL This Period (last page this line number only)			

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 36 / 150
ITEMIZED RECEIPTS			or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An	by information copied from such Reports and Stat	ements may	not be sold or used by any perso	
or	ny information copied from such Reports and Stat for commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. Richard A Seidler, , FACHE			Date of Receipt
	Mailing Address 1825 Logan Avenue			10 23 2006
	City	State	Zip Code	Transaction ID: 13378423
	Waterloo	IA	50703-1916	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer Allen Memorial Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:		Year-to-Date ▼	1
	Primary General		250.00	
	Other (specify) ▼		230.00	
3.	Full Name (Last, First, Middle Initial) Mr. Clinton J Christianson			Date of Receipt
-	Mailing Address 1 St Joseph's Drive			M M / D D / Y Y Y Y
		Otali	7in Onda	10 23 2006
	City Centerville	State IA	Zip Code 52544-9088	Transaction ID: 13378425
			32344-9U00	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Medical Center-Cent-	Occupation	1	1
	erville		t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
		0 0	0 0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Dan Sheehan			Date of Receipt
	Mailing Address 407 South White Street			10 23 2006
	City	State	Zip Code	Transaction ID: 13378428
	Mount Pleasant	IA	52641-2262	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Henry County Health Center	Occupation		7
	Receipt For:		ecutive Officer Year-to-Date	-
	Primary General	/ iggregate		
	Other (specify) ▼		250.00	
				770.00
S	UBTOTAL of Receipts This Page (optional)		·····	750.00
	OTAL This Period (last page this line number on		>	

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 37 / 150		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
TI LIVIIZED RECEIF 13			Detailed Summary Page	X 11a 11	\vdash \vdash \vdash	
				13 14		
Ar	y information copied from such Reports and St for commercial purposes, other than using the	n for the purpose of	soliciting contributions			
OI	<u> </u>	name and add	dress of any political committee to	SOlicit Contributions	TOTT SUCTI COMMITTEE.	
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
	Full Name (Last, First, Middle Initial)					
A.	Mr. Russell M Knight			Date of Receip	ot	
	Mailing Address 250 Mercy Drive				D / Y Y Y Y	
	Cit.	01-1-	7:- 0-4-	10	23 2006	
	City	State	Zip Code	Transaction II		
	Dubuque	IA	52001-7320	Amount of Eac	ch Receipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	V (5)	10		_		
	Name of Employer Mercy Medical Center-Dubu-	Occupation	ո t and Chief Executive Officer			
	que Receipt For:		Year-to-Date ▼	\dashv		
	Primary General	7.99.094.0	Tour to Buto V			
	Other (specify) ▼		500.00			
	Full Name (Last, First, Middle Initial)					
В.	Mr. Paul Dougherty			Date of Receip	ot	
	Mailing Address P O Box 3168			1 0	23 2006	
	City	State	Zip Code	Transaction II		
Sioux City		IA	51102-3168		ch Receipt this Period	
	•		31102 3100	Amount of Lac	on neceipi inis renou	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Mercy Medical Center-Sioux	Occupation				
	City		t and Chief Executive Officer			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Other (specify)	' '	500.00			
	Culoi (oposity) \	0 0				
_	Full Name (Last, First, Middle Initial)			<u> </u>		
C.	Ms. Marilyn E. Kaptain-Dahlen			Date of Receip		
	Mailing Address 801 15th Street Box 203			1 0	23 2006	
	City	State	Zip Code	Transaction II	o: 13378436	
	Sioux City	IA	51105-1502		ch Receipt this Period	
	FEC ID number of contributing	C			500.00	
federal political committee.					500.00	
Name of Employer		Occupation	1	┪		
	Mercy Medical Center-Sioux City	Vice Pres	sident, Regionalization			
<u> </u>			e Year-to-Date ▼			
			500.00			
	Other (specify) ▼		500.00			
_						
					1500.00	
Ls	UBTOTAL of Receipts This Page (optional)		·····		100100	
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Į T	OTAL This Period (last page this line number of	niy)	>			

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 38 / 150		
•			Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			_ common common, range	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Mark D Richardson			Date of Receipt		
	Mailing Address 1221 South Gear Avenu	ie		10 23 7 9 9 9		
	City	State	Zip Code	Transaction ID: 13378438		
	West Burlington	IA	52655-1681	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Great River Medical Center	Occupation President	n t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) 🔻	0 0	230.00			
В.	Full Name (Last, First, Middle Initial) Mr. Tom Tibbits			Date of Receipt		
	Mailing Address 802 Kenyon Road			10 23 2006		
	City State Zip Code			Transaction ID: 13378439		
	Fort Dodge	IA	50501-5740	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Trinity Regional Medical	Occupation President				
	Center Receipt For:		Year-to-Date ▼	+		
	Primary General	riggrogato	Teal to Bate V	1		
	Other (specify) ▼	0 0	250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John M Comstock			Date of Receipt		
	Mailing Address 300 Sioux Valley Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13378440		
	Cherokee	IA	51012-1205	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		250.00		
	Name of Employer Cherokee Regional Medical	Occupation		1		
Center Receipt For: Primary General			ecutive Officer Year-to-Date Very state Year-to-Date Year-to-Date	\dashv		
		Aggregate	; rear-lu-Dale ▼	,		
	Other (specify)		250.00			
Г				750.00		
S	UBTOTAL of Receipts This Page (optional)		>	7 30.00		
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 39 / 150		
-			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
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Ar	ny information copied from such Reports and St.	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
_	Full Name (Last, First, Middle Initial)					
A.	Mr Joseph LeValley			Date of Receipt		
	Mailing Address 1111 6th Avenue			M M / D D / Y Y Y Y		
				10 23 2006		
	City	State	Zip Code	Transaction ID: 13378447		
	Des Moines	IA	50314-2611	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
	Name of Employer Mercy Medical Center-Des	Occupation				
	Moines		ce President Planning and S	<u>Sy</u> \$		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00	1		
	Other (specify) ▼		250.00			
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address 1111 6th Avenue			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State 7in Code			10 23 2006		
	City	State	Zip Code	Transaction ID: 13378448		
	Des Moines	IA	50314-2611	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.					
	Name of Employer	Occupation	n			
	Mercy Medical Center-Des		t and Chief Executive Office			
	Moines Receipt For:	1	Year-to-Date ▼			
	Primary General	7 tggrogato	real to Bate V	1		
	Other (specify)		500.00			
	Caller (opcoling) \	1 1	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
C.	Ms. Donna M Oliver			Date of Receipt		
	Mailing Address 1410 North Fourth Stre					
				10 23 2006		
	City	State	Zip Code	Transaction ID: 13378449		
	Clinton	IA	52732-2940	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
	Name of Employer Mercy Medical Center-Clin-	Occupation				
	ton		t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		250.00]		
	Other (specify) ▼		200.00	1		
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				1000.00		
S	UBTOTAL of Receipts This Page (optional)			1000.00		
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 40 / 150		
•		Use separate schedule(s) or each category of the		(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
			Dotailed Carrinally Lage	13 14 15 16 17		
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Allen E Pohren			Date of Receipt		
	Mailing Address P O Box 498			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13378450		
	Red Oak	IA	51566-0498	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Montgomery County Memorial Hospital	Occupation Administr				
	Receipt For:		e Year-to-Date ▼			
	Primary General		050,00	1		
	Other (specify) ▼	0 0	250.00			
_	Full Name (Last, First, Middle Initial)			5. (5.).		
В.				Date of Receipt		
	Mailing Address 3421 West Ninth Street			10 23 2006		
	City	State	Zip Code	Transaction ID: 13378451		
	Waterloo	IA	50702-5499	Amount of Each Receipt this Period		
			00702 0400			
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Covenant Medical Center	Occupation				
			Chief Medical Officer			
	Receipt For: Primary General	Aggregate	Year-to-Date ▼			
	Primary General Other (specify) ▼		250.00			
	Cirici (Specify)		0 0 0 0 0 0 0	1		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Richard J Frenchie			Date of Receipt		
٠.	Mailing Address 13207 Ravenna Road			M M / D D / Y Y Y Y		
	3 3 10207 Havorina Hoad			10 23 2006		
	City	State	Zip Code	Transaction ID: 13378571		
	Chardon	OH	44024-7032	Amount of Each Receipt this Period		
	FEC ID number of contributing			500.00		
	federal political committee.	C		300.00		
	Name of Employer UHHS Geauga Regional Hosp-	Occupation				
ital Receipt For:		-	t and Chief Executive Office	<u></u>		
		Aggregate	e Year-to-Date ▼			
	Primary General	' '	500.00			
	Other (specify)	0 0	333.30	J.		
_				1000.00		
Ls	UBTOTAL of Receipts This Page (optional)		······			
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 41 / 150		
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —	
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Ar	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	n for the purpose of solicit solicit solicit contributions from s	ing contributions such committee.	
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,			
$ \rangle$	American Hospital Association PAC					
	7 in ordan mospital mossociation i me					
_	Full Name (Last, First, Middle Initial)					
A.	Mr. Cliff Coker			Date of Receipt		
	Mailing Address 11470 Euclid Avenue			10 23	2006	
	Suite 32 City	State	Zip Code	Transaction ID: 13		
	Cleveland	OH	44106-3938	Amount of Each Re		
			44100 0000	Amount of Lacif Re	selpt this renou	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer University Hospitals Case	Occupation				
	Medical Cent		ecutive Officer			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)	' '	250.00			
	Cure (openiy)		0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
В.				Date of Receipt		
	Mailing Address One Perkins Square			M M / D D	/ Y Y Y Y	
	21.			10 23	2006	
	City	State	Zip Code	Transaction ID: 13		
	Akron	OH	44308-1062	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	rederai politicai committee.					
	Name of Employer Akron Children's Hospital	Occupation	n			
		Presiden	t			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	250.00			
	Other (specify)	0 0				
	Full Name (Last, First, Middle Initial)					
C.	Mr. James R Pancoast			Date of Receipt		
	Mailing Address 2222 Philadelphia Drive	Э		M M / D D	/ Y 	
				10 23	2006	
	City	State	Zip Code	Transaction ID: 13	378574	
	Dayton	<u>OH</u>	45406-1813	Amount of Each Re	ceipt this Period	
	FEC ID number of contributing	С			250.00	
	federal political committee.					
	Name of Employer	Occupation	n			
	Good Samaritan Hospital	Presiden	t and Chief Executive Officer			
		Aggregate	e Year-to-Date ▼			
Primary General			250.00			
	Other (specify)		250.00			
_	LIDTOTAL of Descints Title Days (set)				750.00	
L	UBTOTAL of Receipts This Page (optional)		>			
_	OTAL This Period (last page this line number of	only)				
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Ç/	CHEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 42 / 150
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial) Mr. John E. Callender			Date of Receipt
٦.	Mailing Address 2743 Elginfield Road			M M / D D / Y Y Y Y
				10 23 2006
	City	State	Zip Code	Transaction ID: 13378584
	Upper Arlington	OH	43220-4247	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		25.00
	Name of Employer Ohio Hospital Association	Occupation Senior Vi	n Ice President	
	Receipt For:	1	Year-to-Date ▼	_
	Primary General	1 99 19		1
	Other (specify) ▼		375.00	
3.	Full Name (Last, First, Middle Initial) Mr. Kevin E Lofton			Date of Receipt
	Mailing Address 1999 Broadway, Suite 2	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City State Zip Code			Transaction ID: 13398983
	Denver	CO	80202-3025	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		1000.00
	Name of Employer Catholic Health Initiativ-	Occupation		
	es Paggint For:		t and Chief Executive Officer Year-to-Date V	
	Receipt For: Primary General	Aggregate	rear-to-Date V	1
	Other (specify)		1000.00	
Э.	Full Name (Last, First, Middle Initial) Mr. Richard J Failing			Date of Receipt
	Mailing Address P O Box 353			M M / D D / Y Y Y Y
	City	State	Zip Code	1 0 3 0 2 0 0 6 Transaction ID: 13399081
	Lisbon	ND	58054-0353	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Lisbon Area Health Servic-	Occupation		7
	es		t and Chief Executive Officer	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)	' '	250.00	
			0 0 0 0 0 0	4
s	UBTOTAL of Receipts This Page (optional)			1275.00
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SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 43 / 150		
•			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. Rita K Buurman			Date of Receipt		
	Mailing Address P O Box 229			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13399668		
	Sabetha	KS	66534-0229	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Sabetha Community Hospital	Occupation Chief Exe	n ecutive Officer			
	Receipt For:		Year-to-Date ▼			
	Primary General		050,00	1		
	Other (specify) ▼		250.00			
В.	Full Name (Last, First, Middle Initial) Mr. Bob S Edwards			Date of Receipt		
	Mailing Address 711 Marshall Street			1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13399681		
	Leavenworth	KS	66048-3235	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Cushing Memorial Hospital	Occupation	<u> </u>			
	Cushing Memorial Hospital	Chief Exe	ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify)		250.00			
— С.	Full Name (Last, First, Middle Initial) Mr. Dennis L George			Date of Receipt		
٥.	Mailing Address P O Box 189			M M / D D / Y Y Y Y		
	ag / tabless			11 02 2006		
	City	State	Zip Code	Transaction ID: 13399691		
	Burlington	KS	66839-0189	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	C		230.00		
	Name of Employer Coffey County Hospital	Occupation	n ecutive Officer			
	Receipt For:		ecutive Officer Year-to-Date Very service of the	_		
	Primary General	Aggregate	י ו כמו־נט־שמוכ ∀	1		
	Other (specify)	' '	250.00			
		1 1		1		
_	UBTOTAL of Receipts This Page (optional)			750.00		
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21	HEDIII E A (EEC Form 3Y)			FOR LINE NUMBER: PAGE 44 / 150	
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)	
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			Detailed Summary Page		7
Δn	y information copied from such Reports and Stat	ements may	not he sold or used by any nerso		Ħ
or i	or commercial purposes, other than using the na	ame and add	dress of any political committee to	solicit contributions from such committee.	
$\overline{}$	NAME OF COMMITTEE (In Full)				\exists
/	American Hospital Association PAC				
/	American Hospital Association FAC				
_	Full Name (Last, First, Middle Initial)				
	Mr. Roger S John			Date of Receipt	
	Mailing Address P O Box 366			M M / D D / Y Y Y Y	
	The second of th			11 02 2006	
	City	State	Zip Code	Transaction ID: 13399713	
	Phillipsburg	KS	67661-0366	Amount of Each Receipt this Period	
			3.00.000	7 thouse of Each Flooding this Foreca	1
	FEC ID number of contributing federal political committee.	C		250.00	
	rederal political committee.				ı,
	Name of Employer Great Plains Health Allia-	Occupation	n		
	nce, Inc.	President	t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General			1	
	Other (specify) ▼	l	250.00		
	Full Name (Last, First, Middle Initial)				_
	Mr. Eugene W Meyer			Date of Receipt	
	Mailing Address 325 Maine Street			M M / D D / Y Y Y Y	
				11 02 2006	
	City	State	Zip Code	Transaction ID: 13399735	
	Lawrence	KS	66044-1360	Amount of Each Receipt this Period	_
	FEC ID number of contributing				1
	federal political committee.	C		250.00	
	·				1
	Name of Employer Lawrence Memorial Hospital	Occupation			
	Lawrence Memorial Hospital		t and Chief Executive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		050.00		
	Other (specify)		250.00		
_	Full Name (Last, First, Middle Initial)				
	Mr. Gene E Schmidt			Date of Receipt	
	Mailing Address 1701 East 23rd Avenue			M M / D D / Y Y Y Y Y	
	O.t.	01-1	7in Oaal	11 02 2006	
	City	State	Zip Code	Transaction ID: 13399751	
	Hutchinson	KS	67502-1105	Amount of Each Receipt this Period	
	FEC ID number of contributing	С		250.00	
	federal political committee.			200.00	
	Name of Employer	Occupation	<u> </u>	\dashv	
	Hutchinson Hospital Corpo-	President			
	ration Receipt For:	l	e Year-to-Date ▼	-	
	Primary General	Ayyreyale	; ו כמו־וט־שמוכ ד		
	Other (specify)		250.00		
	Culoi (opcony) 🔻	0 0	0 0 0 0 0 0 0		
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٠.	IDTOTAL of Descints This Descriptions	750.00			
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SCHEDULE A (FEC Form 3X)			Llea caparata cabadula(a)	FOR LINE NUMBER: PAGE 45 / 150		
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)		
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or	y information copied from such Reports and S for commercial purposes, other than using the	name and add	r not be sold or used by any pers Iress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.		
Λ	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Larry P Schumacher			Date of Receipt		
	Mailing Address 1407 N Glancey			11 02 7 2006		
	City	State	Zip Code	Transaction ID: 13399753		
	Andover	KS	67002-7410	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		300.00		
	Name of Employer Via Christi Health System	Occupation President	n : and CEO			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	1 1	300.00	7		
	Other (specify) ▼	0 0	300.00			
В.	Full Name (Last, First, Middle Initial) Mr. Samuel H Turner			Date of Receipt		
	Mailing Address Box 2923			11 DD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13399763		
	Shawnee Mission	KS	66201-1323	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	federal political committee. Name of Employer Shawnee Mission Medical	Occupation	ecutive Officer	250.00		
	Name of Employer Shawnee Mission Medical Center Receipt For:	Occupation Chief Exe		250.00		
	Name of Employer Shawnee Mission Medical Center	Occupation Chief Exe	ecutive Officer	250.00		
	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Chief Exe	ecutive Officer Year-to-Date ▼			
C.	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud	Occupation Chief Exe	ecutive Officer Year-to-Date ▼	Date of Receipt		
 C.	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼ Full Name (Last, First, Middle Initial)	Occupation Chief Exe	ecutive Officer Year-to-Date ▼			
C.	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive	Occupation Chief Exe Aggregate State	ecutive Officer Year-to-Date ▼	Date of Receipt		
 C.	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive	Occupation Chief Exe Aggregate	ecutive Officer Year-to-Date ▼ 250.00	Date of Receipt 10 24 2006		
C.	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive	Occupation Chief Exe Aggregate State	ecutive Officer Year-to-Date ▼ 250.00 Zip Code	Date of Receipt M M J D D J Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
c.	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive City Topsham FEC ID number of contributing	Occupation Chief Exe Aggregate State ME	Zip Code 04086-6109	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
C.	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive City Topsham FEC ID number of contributing federal political committee. Name of Employer Maine Hospital Association Receipt For:	Occupation Chief Exe Aggregate State ME C Occupation President	Zip Code 04086-6109	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
c .	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive City Topsham FEC ID number of contributing federal political committee. Name of Employer Maine Hospital Association	Occupation Chief Exe Aggregate State ME C Occupation President	Zip Code 04086-6109	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive City Topsham FEC ID number of contributing federal political committee. Name of Employer Maine Hospital Association Receipt For: Primary General Other (specify) ▼	State ME Occupation President Aggregate	Zip Code 04086-6109 Year-to-Date Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	federal political committee. Name of Employer Shawnee Mission Medical Center Receipt For: Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Mr. Steven R. Michaud Mailing Address 7 Ivanhoe Drive City Topsham FEC ID number of contributing federal political committee. Name of Employer Maine Hospital Association Receipt For: Primary General	State ME Occupation President Aggregate	Zip Code 04086-6109 Year-to-Date Year-to-Date 500.00	Date of Receipt M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		

SC	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 46 / 150
ITEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
Any or f	rinformation copied from such Reports and State or commercial purposes, other than using the nar	ments may	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)		·	
\rangle	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial) Mr. Dennis O'Malley			Date of Receipt
	Mailing Address 3425 South Clarkson Stre	eet		10 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13400000
	Englewood	CO	80113-2899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Craig Hospital	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial) Mr. Ron Branish			Date of Receipt
	Mailing Address 3425 South Clarkson Stre	10 24 2006		
	City	State	Zip Code	Transaction ID: 13400001
•	Englewood	CO	80113-2899	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Crain Hospital	Occupation	n sident, Finance	
	Receipt For:		Year-to-Date V	-
	Primary General	00 0	050.00	
	Other (specify)		250.00	
	Full Name (Last, First, Middle Initial) Mr. Michael A Anaya, , FACHE			Date of Receipt
	Mailing Address 1000 Lincoln Street			10 24 YYYYY 2006
	City	State	Zip Code	Transaction ID: 13400002
	Fort Morgan	CO	80701-3210	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Colorado Plaine Medical	Occupation		7
	Center		ecutive Officer	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)		500.00	
sı	JBTOTAL of Receipts This Page (optional)			1000.00
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SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 47 / 150	_	
ITEMIZED RECEIPTS		or each category of the	(check only one) X 11a 11b 11c 12		
		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 1	7	
Ar	ny information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the na	me and add	dress of any political committee to	solicit contributions from such committee.	_
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	American Hospital Association 1 Ac				
_	Full Name (Last, First, Middle Initial)			Poly of Provint	
Α.	Ms. Lucinda A Bradley Mailing Address P O Box 1167			Date of Receipt	
	Maining / Idai 255 F O Box 1167			10 24 2006	
	City	State	Zip Code	Transaction ID: 13400009	
	North Platte	NE	69103-1167	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Great Plains Regional Med- ical Center	Occupation	n ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General		500.00	1	
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Mr. William L Welch, , CHE			Date of Receipt	
	Mailing Address P O Box 277			10 24 2006	
	City	State	Zip Code	Transaction ID: 13400010	
	Fairbury	NE	68352-0277	Amount of Each Receipt this Period	1
	FEC ID number of contributing federal political committee.	C		250.00	
	Name of Employer Jefferson Community Health	Occupation			
	Center Receipt For:		ecutive Officer • Year-to-Date ▼	_	
	Primary General	Aggregate		1	
	Other (specify) ▼	0 0	250.00		
С.	Full Name (Last, First, Middle Initial) Mr. Thomas Sommers			Date of Receipt	
	Mailing Address 2006 Irving Street			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13400011	
	Beatrice	NE	68310-2265	Amount of Each Receipt this Period	_
	FEC ID number of contributing federal political committee.	С		250.00	
	Name of Employer Beatrice Community Hospit-	Occupation	n ecutive Officer		
al and Health Receipt For:			Year-to-Date V	-	
	Primary General	199.19		1	
	Other (specify)		250.00		
[s	UBTOTAL of Receipts This Page (optional)			1000.00	
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 48 / 150
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			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Δr	ny information copied from such Reports and S	rnot he cold or used by any person			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	such committee.
\setminus	NAME OF COMMITTEE (In Full)				
\geq	American Hospital Association PAC			_	
A.	Full Name (Last, First, Middle Initial) Mr. James B Cole			Date of Receipt	
	Mailing Address 1701 North George Ma			10 24	2006
	City	State	Zip Code	Transaction ID: 13	
	Arlington	VA	22205-3610	Amount of Each Re	eceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Virginia Hospital Center - Arlington	Occupation Chief Exe	n ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		500.00		
	Other (specify) ▼	0 0	0 0 0 0 0 0		
В.	Full Name (Last, First, Middle Initial) Mr.s Joyce Grove Hein			Date of Receipt	
	Mailing Address 1215 Tibbals Street			M M / D D D 3 0	
	City	State	Zip Code	Transaction ID: 13	3400073
	Holdrege	NE	68949-1255	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Phelps Memorial Health Ce- nter	Occupation Administr	n rator and Chief Executive Off	= fi	
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gary A Perkins			Date of Receipt	
	Mailing Address 8200 Dodge Street			10 30	
	City	State	Zip Code	Transaction ID: 13	3400074
	Omaha	NE	68114-4113	Amount of Each Re	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Children's Hospital	Occupation President	n t and Chief Executive Officer		
Receipt For: Primary General Aggregat			e Year-to-Date ▼		
			250.00		
	Other (specify) ▼	0 0	200.00		
s	UBTOTAL of Receipts This Page (optional)				1000.00
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T	OTAL This Period (last page this line number	only)	>		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 49 / 150
			Use separate schedule(s) or each category of the	(check only one)
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. D Michael Leibert, , FACHE			Date of Receipt
	Mailing Address 450 East 23rd Street			10 30 / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13400075
	Fremont	NE	68025-2303	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Fremont Area Medical Cent- er	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		250.00	
	Full Name (Last, First, Middle Initial)			•
3.	Mr. Roger J Reamer			Date of Receipt
	Mailing Address 300 North Columbia Ave	10 30 2006		
	City	State	Zip Code	Transaction ID: 13400076
	Seward	NE	68434-2228	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Memorial Health Care Syst- ems	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	7
	Primary General Other (specify) ▼		500.00	
 C.	Full Name (Last, First, Middle Initial) Mr. Jeffrey A. Weinstein			Date of Receipt
	Mailing Address 22 Nathan Lord Road			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13401139
	Amherst	NH	03031-3004	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tufts-New England Medical Center	Occupation Senior, V	n /ice President & General Cou	uns
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify)		250.00	
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S	UBTOTAL of Receipts This Page (optional)			1000.00
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM	
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Ar	ny information copied from such Reports and Stater	ments may	not be sold or used by any perso	on for the purpose	of soliciting contributions
or	for commercial purposes, other than using the nan	ne and add	dress of any political committee to	solicit contribution	is from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC				
	American Hospital Association FAC				
_	Full Name (Last, First, Middle Initial)			Data of Data	-1-1
Α.	Mr. John W. Polanowicz Mailing Address 2 Abenaki Road			Date of Rec	eipt / Y Y Y Y
	Maining Address 2 Aberiani Hoad			10	30 2006
	City	State	Zip Code	Transaction	ID: 13401140
	Northborough	MA	01532-2433	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	UMass Memorial-Marlborough	Occupation President			
	1 lospitai		e Year-to-Date ▼		
	Primary General	1 1	250.00	1	
	Other (specify) ▼	0 0	250.00		
В.	Full Name (Last, First, Middle Initial) Ms Karen O Moore, , R.N., MS			Date of Rec	eipt
	Mailing Address 164 High Street			1 0	30 / 2006
	City	State	Zip Code	Transaction	ID: 13401141
	Greenfield	MA	01301-2613	Amount of E	Each Receipt this Period
	FEC ID number of contributing federal political committee.	С			250.00
	Franklin Medical Center	Occupation Vice Pres			
			e Year-to-Date ▼		
	Primary General	1 1		1	
	Other (specify) ▼	0 0	500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. William J. Shickolovich			Date of Rec	eipt
•	Mailing Address 585 Sharpners Pond Road	t		M M /	D D / Y Y Y Y
	· ·			10	30 2006
City State North Andover MA		State MA	Zip Code 01845-3335		ID: 13401142 Each Receipt this Period
	FEC ID number of contributing		01043 3003	Amount of L	· · · · · · · · · · · · · · · · · · ·
	federal political committee.	C			250.00
Name of Employer Tufts-New England Medical Center Receipt For: Aggregate Primary General					
		ormation Officer	_		
		Aggregate	e Year-Io-Date ▼	,	
	Other (specify)		250.00		
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s	UBTOTAL of Receipts This Page (optional)				750.00
T	OTAL This Period (last page this line number only))		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 51 / 150	
ITEMIZED RECEIPTS			or each category of the	(check only one)	
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	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 in ordan Floophar Absociation 1710				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. John Fernandez			Date of Receipt	
	Mailing Address 5 Otis Street			10 30	
	City	State	Zip Code	Transaction ID: 1	
	Needham	MA	02492-3403	Amount of Each R	
			02432 3403	Amount of Lacif N	eceipi illis Fellou
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Brigham and Women's Hospi-	Occupation			
	tal	Vice Pres			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	250.00		
	Cure (openily) \	0 0	1 1 1 1 1 1 1		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 12 Davis Street			M M / D D	
	20			1 0 3 0 2 0 0 6 Transaction ID: 13401145	
	City	State	Zip Code		
	Belmont	MA	02478-5030	Amount of Each R	eceipt this Period
	FEC ID number of contributing federal political committee.				250.00
	rederal political committee.				
	Name of Employer Massachusetts Hospital As-	Occupation	n		
	sociation		ications Manager		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General		250.00		
	Other (specify)	0 0			
_	Full Name (Last, First, Middle Initial)				
C.	Mr. Terence G. Dougherty			Date of Receipt	
	Mailing Address 57 Dent St.			M M / D D	
				10 30	
	City	State	Zip Code	Transaction ID: 1	3401146
	West Roxbury	MA	02132-3205	Amount of Each R	eceipt this Period
	FEC ID number of contributing	С			250.00
federal political committee.					
	Name of Employer		n		
Receipt For: Primary General Aggre		Vice Pres	sident		
		Aggregate	e Year-to-Date ▼		
			250.00	1	
Other (specify) ▼			250.00		
$\overline{}$					
	LIDTOTAL of December This December 1				750.00
L	UBTOTAL of Receipts This Page (optional))		
_	OTAL This Period (last page this line number o	nlv)			
		· · · j / · · · · · · · · · · · · · · · · · ·	······································		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 52 / 150
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a 11b] 11c	
			, ,	13 14	15 16 17
Ar or	ny information copied from such Reports and Sta for commercial purposes, other than using the i	atements may name and add	not be sold or used by any person dress of any political committee to	n for the purpose of solicit solicit contributions from s	ing contributions such committee.
	NAME OF COMMITTEE (In Full)		71		
\rangle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Michael D Skinner			Date of Receipt	
Λ.	Mailing Address 164 High Street			M M / D D D 1 0 3 0	2006
	City	State	Zip Code	Transaction ID: 13	
	Greenfield	MA	01301-2613	Amount of Each Red	
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer Franklin Medical Center	Occupation Presiden			
	Receipt For:	Aggregate	e Year-to-Date ▼	1	
	Primary General Other (specify) ▼		250.00		
В.				Date of Receipt	
	Mailing Address Five New England Executive Park			10 7 30	2006
	City	State Zip Code		Transaction ID: 13	
	Burlington	MA	01803-5010	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Massachusetts Hospital As-	Occupation		7	
	sociation		resident and VP, Gov't Advo	C a	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial)			Data of Danaist	
C.	Mr. Richard L. Cunningham Mailing Address 7 Ledgewwod Lane			Date of Receipt	/ Y Y Y Y
	Walling Address / Ledgewwood Larie			10 30	2006
	City	State	Zip Code	Transaction ID: 13	401149
	Brighton	MA	04107	Amount of Each Red	ceipt this Period
	FEC ID number of contributing federal political committee.	C			500.00
	Name of Employer Occi Caritas Christi Health Ca-				
<u>re</u> Executiv			e Vice President e Year-to-Date ▼	-	
	Receipt For: Primary General	Aggregate	r rear-to-Date ▼		
Other (specify)			500.00		
s	UBTOTAL of Receipts This Page (optional)		1250.00		
Т	OTAL This Period (last page this line number of	only)	>		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 53 / 150
-		Use separate schedule(s) or each category of the		(check only one)
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and States for commercial purposes, other than using the	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or		name and add	aress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			_
A.	Full Name (Last, First, Middle Initial) Ms. Jeanette G Clough			Date of Receipt
	Mailing Address 330 Mount Auburn Stre	et		10 30 2006
	City	State	Zip Code	Transaction ID: 13401150
	Cambridge	MA	02138-5502	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		750.00
	Name of Employer Mount Auburn Hospital	Occupation President	n t and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	-
	Primary General	33 -3		1
	Other (specify) ▼		750.00	
				1
В.	Full Name (Last, First, Middle Initial) Mr. Thomas C Porter			Date of Receipt
	Mailing Address 88 Washington Street			M M / D D / Y Y Y Y
				10 30 2006
	City	State	Zip Code	Transaction ID: 13401151
	Taunton	MA	02780-2465	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		1000.00
	Name of European	10		_
	Name of Employer Morton Hospital and Medic-	Occupation President		
	al Center Receipt For:		Year-to-Date ▼	_
	Primary General	Ayyreyate	rear-to-Date V	
	Other (specify) ▼		1000.00	
_				
C.	Full Name (Last, First, Middle Initial) Mr. Steven F Bradley			Date of Receipt
	Mailing Address 759 Chestnut Street			10 30 2006
	City	State	Zip Code	Transaction ID: 13401152
	Springfield	MA	01199-0001	Amount of Each Receipt this Period
	FEC ID number of contributing			300.00
	federal political committee.	C		300.00
	Name of Employer Baystate Health, Inc.	Occupation		
		<u> </u>	sident Government Relations	<u>'-</u>
	Receipt For:	Aggregate	Year-to-Date ▼	.
	Primary General Other (specify) ▼	, ,	650.00	
	☐ Other (Specify) ₩	0 0	1 1 1 1 1 1 1 1	
,	IIPTOTAL of Possinto This Page (anticare)			2050.00
\vdash	UBTOTAL of Receipts This Page (optional)		······································	

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 54 / 150		
•			Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
_				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Timothy F. Gens			Date of Receipt		
	Mailing Address 5 New England Executiv	e Park		10 30 YYYYY 2006		
	City	State	Zip Code	Transaction ID: 13401153		
	Burlington	MA	01803-5010	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		280.00		
	Name of Employer Massachusetts Hospital As-	Occupation		-		
	sociation		President, Legal Year-to-Date ▼	_		
	Receipt For: Primary General	Aggregate	Freai-io-Dale ▼			
	Other (specify)		280.00			
	cc. (cpcc)/ \		0 0 0 0 0 0 0	1		
В.	Full Name (Last, First, Middle Initial) Mr. Alan Olive			Date of Receipt		
	Mailing Address 10101 Double R Blvd.			M M / D D / Y Y Y Y		
				11 01 2006		
	City	State	Zip Code	Transaction ID: 13404751		
	Reno	NV	89521-5931	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer	Occupation	 1	\dashv		
	Name of Employer Renown Regional Medical Center	Administ				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		500.00			
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Sophie Womack			Date of Receipt		
	Mailing Address 6071 West Outer Drive			M M / D D / Y Y Y Y		
	-			11 01 2006		
	City	State	Zip Code	Transaction ID: 13404757		
	Detroit	MI	48235-2624	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Sinai-Grace Hospital	Occupation Vice Pres	n sident, Medical Affairs			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00			
_						
				1030.00		
S	UBTOTAL of Receipts This Page (optional)		······	1030.00		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 55 / 150			
ITEMIZED RECEIPTS			or each category of the	(check only one)	_		
TI LIWIZED TIEGEIF 13			Detailed Summary Page	X 11a 11b	11c 12		
				13 14	15 16 17		
An	y information copied from such Reports and Storcommercial purposes, other than using the	atements may name and add	not be sold or used by any person dress of any political committee to	on for the purpose of solicities of solicities of solicities and solicities from s	ing contributions uch committee		
<u></u>	NAME OF COMMITTEE (In Full)	14.110 4.14 440	are or any point our committee to				
$ \rangle$	American Hospital Association PAC						
	7 inchair Floopital 7 loods attor 17 10						
_	Full Name (Last, First, Middle Initial)						
A.	Dr. John J. Lynch, M.D.			Date of Receipt			
	Mailing Address 3719 Winfield Lane, NV	V		M M / D D D D D D D D D D D D D D D D D	2006		
	City	State	Zip Code	Transaction ID: 13			
	Washington	DC	20007-2349	Amount of Each Red			
	•		20007 2043	Amount of Lacif Net	elpt this Fellou		
	FEC ID number of contributing federal political committee.	C			500.00		
	Name of Employer Washington Hospital Center	Occupation					
			e Medical Director				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	,			
	Other (specify)	' '	1000.00				
	Carlor (opeony) 🔻		1 1 1 1 1 1 1 1				
_	Full Name (Last, First, Middle Initial)						
В.	Ms. Barbara Steele			Date of Receipt			
	Mailing Address 2142 North Cove Boule	vard		M M / D D	/ Y Y Y Y Y		
	Otto	01-1-	7'- 0-4-	11 01	2006		
	City State		Zip Code	Transaction ID: 13404764			
	Toledo	OH	43606-3896	Amount of Each Rec	ceipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Tederal political committee.						
	Name of Employer Toledo Hospital, The	Occupation					
		President					
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General Other (specify) ▼	' '	250.00				
	☐ Other (specify) ♥	0 0		1			
_	Full Name (Last, First, Middle Initial)						
C.	Ms. Kimberly A. Smith			Date of Receipt			
	Mailing Address 13 Burnham Road			M M / D D	/		
	011	01-1-	7'- 0-4-	11 01	2006		
	City	State MA	Zip Code	Transaction ID: 134			
	Wenham	IVIA	01984-1908	Amount of Each Rec	ceipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Massachusetts Hospital As-	Occupation					
	sociation	Consulta					
			Year-to-Date ▼	. [
Primary General		' '	250.00				
Other (specify) ▼				1			
					· · · · · ·		
	UBTOTAL of Receipts This Page (optional)				1000.00		
\vdash	(optional)			-			
T	TOTAL This Period (last page this line number only)						

SCHEDULE A (FEC Form 3X)			Llea coparata cabadula(c)	FOR LINE NUMBER: PAGE 56 / 150
ITEMIZED RECEIPTS		Use separate schedule(s) or each category of the		(check only one)
TI LIVIIZED TILOLII 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ny information copied from such Reports and St for commercial purposes, other than using the	on for the purpose of soliciting contributions o solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mr. John Stevenson			Date of Receipt
	Mailing Address 250 Pond Street			11 01 2006
	City	State	Zip Code	Transaction ID: 13404766
	Braintree	MA	02184-5351	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer HEALTHSOUTH Braintree Reh- abilitation H	Occupation Medical [
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	
	Other (specify) ▼	0 0		
В.	Full Name (Last, First, Middle Initial) Mr. Richard T. Palmisano, , II, R.N.			Date of Receipt
υ.	Mailing Address 71 Hospital Avenue			M M / D D / Y Y Y Y
	City	11 01 2006		
	North Adams	State MA	Zip Code 01247-2504	Transaction ID: 13404767
		IVIA	01247-2304	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer North Adams Regional Hosp- ital	Occupation President		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		500.00	7
	Other (specify)	0 0	300.00	
C.	Full Name (Last, First, Middle Initial) Mr. David W Tower			Date of Receipt
	Mailing Address P O Box 912			11 01 7 9 9 9
	City	State	Zip Code	Transaction ID: 13404768
	Wolfeboro	NH	03894-0912	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Huggins Hospital	Occupation President		
		Aggregate	e Year-to-Date ▼	
	Primary General		250.00	7
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
F				
Ιт	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 57 / 150
ITEMIZED RECEIPTS			or each category of the	(check only one)
IT LIVIIZED RECEIP 13			Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	ly information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	not be sold or used by any person dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Ms. Colleen J. Goode, RN, PhD.,			Date of Receipt
	Mailing Address 4200 East Ninth Avenue Post Office Box A-020)		111 03 2006
	City	State	Zip Code	Transaction ID: 13404776
	Denver	CO	80220-3700	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		25.00
	Name of Employer University of Colorado Ho-	Occupation	1	
	University of Colorado Ho- spital	Vice Pres	sident Patient Services & CN	
	Receipt For:	Aggregate	Year-to-Date V	
	Primary General		075.00	
	Other (specify) ▼		275.00	
В.	Full Name (Last, First, Middle Initial) Ms. Christine C Schuster			Date of Receipt
	Mailing Address 133 Old Rd to Nine Acro	1 1 0 6 2 0 0 6		
	City State Zip Code			Transaction ID: 13404897
	Concord	MA	01742-9120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Emerson Hospital	Occupation	and Chief Executive Officer	
	Receipt For:		Year-to-Date ▼	
	Primary General	199.195		
	Other (specify)	0 0	500.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Matthew Anderson, JD			Date of Receipt
	Mailing Address 2550 University Avenue W.			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13405347
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		20.00
	Name of Employer Minnesota Hospital Associ- ation		s, Regulatory/Strategic Affair	
			Year-to-Date ▼	
	Primary General Other (specify) ▼		270.00	
				205.00
S	UBTOTAL of Receipts This Page (optional)		<u> </u>	295.00

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 58 / 150	
ITEMIZED RECEIPTS			or each category of the	(check only one)	. —
••	LIMIZED RECEIL TO		Detailed Summary Page	X 11a 11b	11c 12
Δ.,	winformation conicd from such Departs and Ct	atamanta ma	, not be cold or used by any paragr	13 14 14	15 16 17
or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	frot be sold of used by any persor dress of any political committee to s	solicit contributions from s	such committee.
	NAME OF COMMITTEE (In Full)		•		
$ \rangle$	American Hospital Association PAC				
	Full Name (Last, First, Middle Initial)				
Α.	Mr. Bruce J. Rueben			Date of Receipt	
	Mailing Address 4885 Pheasant Court S	South		1 1 0 2	2006
	City	State	Zip Code	Transaction ID: 13	
	Afton	MN	55001-9415	Amount of Each Red	
	FEC ID number of contributing		1 1 1 1 1 1	7 tinodrit of Edon rick	1 1 1 1
	federal political committee.	C			269.50
		1.		_	
	Name of Employer Minnesota Hospital Associ-	Occupation			
	ation Receipt For:	President	Year-to-Date ▼	_	
	Primary General	Aggregate	rear-to-Date ♥		
	Other (specify)		1001.00		
	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 2550 University Avene			M M / D D D D D D D D D D D D D D D D D	2006
	City	Ctoto	Zip Code		
	City St. Paul	State MN	•	Transaction ID: 13405349 Amount of Each Receipt this Period	
	St. Paul	IVIIN	55114	Amount of Each Red	elpt this Period
	FEC ID number of contributing federal political committee.	C			140.00
	Name of Employer Minnesota Hospital Associ-	Occupation			
	ation	1	sident of Information Services	<u> </u>	
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)		700.00		
	Cure (epochy) •		0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
C.	Mr Todd Johnson			Date of Receipt	
	Mailing Address P O Box 43			M M / D D D 1 1 1 0 2	2006
	City	State	Zip Code		
	Minneapolis	MN	55440-0043	Transaction ID: 13 Amount of Each Rec	
	•	IVIIN	33440-0043	Amount of Each Net	eipt triis Feriou
	FEC ID number of contributing federal political committee.	C			20.00
	- Todoral political committee.				
	Name of Employer Allina Hospitals & Clinics	Occupation			
			sident Government Affairs		
	Receipt For: Primary General	Aggregate	Year-to-Date ▼		
	Other (specify)	' '	270.00		
□ Canor (Specify) ▼					
s	UBTOTAL of Receipts This Page (optional)		.		429.50
	, (-1)				
T	OTAL This Period (last page this line number of	only)	>		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 59 / 150
ITEMIZED RECEIPTS		or each category of the	(check only one)
		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Any information copied from such Reports and S	Statements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or for commercial purposes, other than using the	e name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Dr. Alan L Goldbloom, , M.D.			Date of Receipt
Mailing Address 345 North Smith Aver	nue		M M / D D / Y Y Y
011	0	7: 0 1	11 02 2006
City	State MN	Zip Code	Transaction ID: 13405356
Saint Paul		55102-2346	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Children's Hospital and	Occupation		7
Clinics of Min		t and Chief Executive Officer	·
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		270.00	
			1
Full Name (Last, First, Middle Initial) Mr. Alan Grundei			Date of Receipt
Mailing Address 1830 Peony Lane North			1 1 0 2 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13405357
Plymouth	MN	55447-2654	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		20.00
Name of Employer Integrated Health Systems-	Occupation		7
Dairyland	Presiden		_
Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
Other (specify)		270.00	
<u> </u>			
Full Name (Last, First, Middle Initial) Mr. Daniel McInerney, Jr.			Date of Receipt
Mailing Address 150 South Fifth Street	:		M M / D D / Y Y Y Y
Suite 2300 City	State	Zip Code	1 1 0 2 2 0 0 6 Transaction ID: 13405361
Minneapolis	MN	55402-4200	Amount of Each Receipt this Period
FEC ID number of contributing		1 1 1 1 1	
federal political committee.	C		20.00
Name of Employer Leonard, Street & Deinard,	Occupation		7
<u>PA</u>		ealth Law Department	
Receipt For:	Aggregate	e Year-to-Date ▼	
Primary General Other (specify) ▼		270.00	
	0 0	0 0 0 0 0 0	
SUBTOTAL of Receipts This Page (optional) .		.	60.00
TOTAL This Period (last page this line number	only)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 60 / 150				
-			Use separate schedule(s) or each category of the	(check only one)				
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12				
			Detailed Guillinary 1 age	13 14 15 16 17				
Ar	ny information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions				
or	for commercial purposes, other than using the n	ame and add	lress of any political committee to	solicit contributions from such committee.				
\setminus	NAME OF COMMITTEE (In Full)							
$ \rangle$	American Hospital Association PAC							
_	Full Name (Last, First, Middle Initial)							
A.	Mr. James F Hanko			Date of Receipt				
	Mailing Address 1300 Anne Street NW			M M / D D / Y Y Y Y				
	-			11 02 2006				
	City	State	Zip Code	Transaction ID: 13405363				
	<u>Bemidji</u>	MN	56601-5103	Amount of Each Receipt this Period				
	FEC ID number of contributing			110.90				
	federal political committee.	C		110.90				
	Name of Francisco	10		_				
	Name of Employer North Country Regional Ho-	Occupation	n and Chief Executive Officer					
	spital			_				
	Receipt For: Primary General	Aggregate	Year-to-Date ▼					
	Primary General Other (specify) ▼	' '	845.76					
	Citiei (specify)		0 0 0 0 0 0 0					
	Full Name (Last First Middle Initial)							
В.	Full Name (Last, First, Middle Initial) Dr. Gordon L Alexander, , M.D.			Date of Receipt				
٥.	Mailing Address 2450 Riverside Avenue			M M / D D / Y Y Y Y				
	Walling Address 2450 Riverside Avenue			11 02 2006				
	City	State	Zip Code	Transaction ID: 13405365				
	Minneapolis	MN	55454-1512	Amount of Each Receipt this Period				
	•		001011012	Amount of Each receipt this reflect				
	FEC ID number of contributing federal political committee.	C		20.00				
	Name of Employer University of Minnesota	Occupation	1					
	Medical Center	President	İ					
	Receipt For:	Aggregate	Year-to-Date ▼					
	Primary General	1 1	205.00	1				
	Other (specify)		395.00					
_	Full Name (Last, First, Middle Initial)			Data of Basel 1				
C.	Mr. Gregg Redfield			Date of Receipt				
	Mailing Address 2550 University Avenue	W.		11 02 2006				
	Suite 350-S	State	Zip Code					
	•	MN	•	Transaction ID: 13405366				
	Saint Paul	IVIIN	55114-1052	Amount of Each Receipt this Period				
	FEC ID number of contributing	C		250.00				
	federal political committee.							
	Name of Employer Minnesota Hospital Associ-	Occupation	1	7				
	Minnesota Hospital Association		sident, Finance					
	Receipt For:		Year-to-Date ▼					
	Primary General	35 0 41		1				
	Other (specify) ▼		250.00					
				1				
8	UBTOTAL of Receipts This Page (optional)			380.90				
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S	CHEDULE A (FEC Form 3X)		Hoo concerts asked 15(5)	FOR LINE NUMBER: PAGE 61 / 150		
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)		
TEMIZED RECEIF 13			Detailed Summary Page	X 11a 11b 11c 12		
۸				13 14 15 16 17		
or	ny information copied from such Reports and State for commercial purposes, other than using the na	me and add	rnot be sold or used by any persol ress of any political committee to	solicit contributions from such committee.		
$\overline{\ \ }$	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
۹.	Full Name (Last, First, Middle Initial) Ms. Margaret E Perryman			Date of Receipt		
	Mailing Address 200 East University Aven	iue		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13405378		
	Saint Paul	MN	55101-2598	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	С		375.00		
	Name of Employer Gillette Children's Speci- alty Healthca Receipt For: Primary General Other (specify) ▼		and Chief Executive Officer Year-to-Date ▼ 850.00			
3.	Full Name (Last, First, Middle Initial) Mr Mark A Skubic			Date of Receipt		
	Mailing Address 6500 Excelsior Boulevard	ailing Address 6500 Excelsior Boulevard				
	City	Transaction ID: 13405382				
	Minneapolis	MN	55426-4702	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		125.00		
	Name of Employer Park Nicollet Health Serv-	Occupation				
	ices		ident Government Relations	<u>a</u> n		
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
).	Full Name (Last, First, Middle Initial) Ms. Peggy Westby			Date of Receipt		
	Mailing Address 2550 University Avenue \ Suite 350-S	N.		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13405513		
	Saint Paul	MN	55114-1052	Amount of Each Receipt this Period		
FEC ID number of contributing federal political committee.		C		250.00		
	Name of Employer Minnesota Hospital Associ- ation		Trustee Services			
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00			
s	UBTOTAL of Receipts This Page (optional)		>	750.00		
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SCHEDULE A (FEC Form 3X)	Use separate schedule(FOR LINE NUMBER: PAGE 62 / 150					
ITEMIZED RECEIPTS	or each category of the	(Check only one)					
TI LIVIIZED TIECLIF 13	Detailed Summary Page						
A : (:: : : 10 : 10:		13 14 15 16 17					
or for commercial purposes, other than using the r	Any information copied from such Reports and Statements may not be sold or used by any person or for commercial purposes, other than using the name and address of any political committee to so						
NAME OF COMMITTEE (In Full)							
American Hospital Association PAC							
/ randingari ricopitar ricocoration rico							
Full Name (Last, First, Middle Initial)							
A. Mr. David Feinwachs		Date of Receipt					
Mailing Address 2550 University Avenue	West	1 1 0 2 2 0 0 6					
Suite 350-S City	State Zip Code	Transaction ID: 13405516					
Saint Paul	MN 55114-1052	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.	C	250.00					
Name of Employer Minnesota Hospital Associ-	Occupation						
<u>ation</u>	General Counsel						
Receipt For: Primary General	Aggregate Year-to-Date ▼						
Other (specify)	250.0	00					
outer (openity) 🔻	0 0 0 0 0 0 0 0	•					
Full Name (Last, First, Middle Initial)							
B. Ms. Mary Klimp		Date of Receipt					
Mailing Address 301 Second Street NE		M M / D D / Y Y Y Y					
01.	01-1- 7'- 0-1-	11 02 2006					
City	State Zip Code	Transaction ID: 13405517					
New Prague	MN 56071-1709	Amount of Each Receipt this Period					
FEC ID number of contributing federal political committee.		125.00					
Name of Employer Queen of Peace Hospital	Occupation						
	Chief Executive Officer						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	250.0	00					
Other (specify)							
Full Name (Last, First, Middle Initial)							
C. Mr Jeffery L. Hudson		Date of Receipt					
Mailing Address 4950 North Marine Drive	•	M M / D D / Y Y Y					
		11 03 2006					
City	State Zip Code	Transaction ID: 13405590					
Chicago	IL 60640-3966	Amount of Each Receipt this Period					
FEC ID number of contributing	C	100.00					
federal political committee.							
Name of Employer	Occupation						
Shands at Lake Shore	Chief Nursing Officer						
Receipt For:	Aggregate Year-to-Date ▼						
Primary General	350.0	00					
Other (specify) ▼							
SUBTOTAL of Receipts This Page (entional)							
I JUDIUIAL UI RECEIDIS IIIIS FAUE (UDIIOIIAI)		475.00					
3. (41.1.1.)		475.00					

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUM				
	ITEMIZED RECEIPTS		or each category of the		´ — —		
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Ar	ny information copied from such Reports and St for commercial purposes, other than using the	n for the purpose solicit contributior	of soliciting contributions as from such committee.				
	NAME OF COMMITTEE (In Full)						
$ \rangle$	American Hospital Association PAC						
	7 in or oan Troophar 7 lood or all of 17 7 lo						
_	Full Name (Last, First, Middle Initial)						
A.	Mr. Mark E Moore			Date of Rec	eipt		
	Mailing Address P O Box 1149			M M /	15 2006		
	City	State	Zip Code		ID: 13418706		
	Bloomington	IN	47402-1149		Each Receipt this Period		
			77702 1170	Amount of L	Lacif Necelpt tills Fellou		
	FEC ID number of contributing federal political committee.	C			250.00		
	Name of Employer Bloomington Hospital	Occupation					
			t and Chief Executive Officer	_			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.			
	Other (specify)	' '	250.00				
	Calci (opcony) \		0 0 0 0 0 0 0				
_	Full Name (Last, First, Middle Initial)						
В.				Date of Rec	eipt		
	Mailing Address 1701 N. Senate Blvd.			M M /	D D / Y Y Y Y		
				11			
	City	State	Zip Code		ווס: 13418711		
	Indianapolis	IN	46206	Amount of E	Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C			250.00		
	rederai politicai committee.						
	Name of Employer Clarian Health Partners	Occupation	n	7			
			dical Officer				
	Receipt For:	Aggregate	e Year-to-Date ▼				
	Primary General		250.00				
	☐ Other (specify) ▼	0 0					
	Full Name (Last, First, Middle Initial)			+			
C.	Mr. Samuel L Odle			Date of Rec	eipt		
	Mailing Address 1701 North Senate Bou	llevard		M M /	D D / Y Y Y Y		
		State		11	15 2006		
	City		Zip Code	Transaction	ווס: 13418723		
Indianapolis		IN	46202-1239	Amount of E	Each Receipt this Period		
	FEC ID number of contributing				500.00		
Methodist Hospîtal Receipt For:		C					
		Occupation	n	7			
		Presiden	t and Chief Executive Officer				
		Aggregate	e Year-to-Date ▼				
Primary General			500.00				
Other (specify) ▼			000.00				
_	IIDTOTAL of Descints This Boss (see 1)				1000.00		
L	UBTOTAL of Receipts This Page (optional)		>				
_	OTAL This Period (last page this line number of	anly)					
1 1	The fine i choo (last page this line number t	, . y /	······································				

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 64 / 150 (check only one) X 11a 11b 11c 12
An	ry information copied from such Reports and Sta for commercial purposes, other than using the n	tements may	not be sold or used by any persodress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Α.	Full Name (Last, First, Middle Initial) Mike Packnett Mailing Address 10125 Silver Lake Ct. City Fort Wayne FEC ID number of contributing federal political committee. Name of Employer Parkview Hospital Receipt For:	State IN C Occupation President Aggregate		Date of Receipt M M M / 15 / 2006 Transaction ID: 13418726 Amount of Each Receipt this Period 250.00
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Marvin G Pember Mailing Address 1701 North Senate Boul City Indianapolis FEC ID number of contributing federal political committee. Name of Employer Clarian Health Receipt For: Primary General Other (specify)	State IN C Occupation Executive	Zip Code 46202 n e Vice President and Chief F e Year-to-Date ▼ 500.00	Date of Receipt M M M
Э.	Full Name (Last, First, Middle Initial) Linda Roberts Mailing Address 1701 North Senate Boul City Indianapolis FEC ID number of contributing federal political committee.	evard State IN	Zip Code 46202-1239	Date of Receipt M M M
	Name of Employer Clarian Health Receipt For: Primary General Other (specify) ▼	Occupation Vice Pres Aggregate		
s	UBTOTAL of Receipts This Page (optional)			1000.00
T	OTAL This Period (last page this line number or	nlv)		

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 65 / 150	
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page	(check only one) X 11a	
Any information copied from such Reports and Si or for commercial purposes, other than using the	tatements may	v not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions	
NAME OF COMMITTEE (In Full) American Hospital Association PAC				
Full Name (Last, First, Middle Initial) Mr. Joseph E Roche Mailing Address 301 Henry Street			Date of Receipt	
City	State IN	Zip Code	1 1 1 5 2 0 0 6 Transaction ID: 13418746	
North Vernon FEC ID number of contributing federal political committee.	C	47265-1063	Amount of Each Receipt this Period 250.00	
Name of Employer St. Vincent Jennings Hosp- ital Receipt For:	Occupation Administ			
Primary General Other (specify) ▼	7 iggi ogate	250.00		
Full Name (Last, First, Middle Initial) Mr. William B. Stephan Mailing Address 1701 North Senate Bou	llevard		Date of Receipt	
City				
Indianapolis	IN	46202-5250	Transaction ID: 13418760 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C	10200	500.00	
Name of Employer Clarian Health	Occupation Senior Vi	n ice President		
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
Full Name (Last, First, Middle Initial) Mr. Norman G Tabler, , Jr.			Date of Receipt	
Mailing Address 1701 North Senate Box	ulevard		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
City	State	Zip Code	Transaction ID: 13418768	
Indianapolis	IN	46202-1239	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C		500.00	
Name of Employer Clarian Health		ice President and General C	oun	
Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 500.00		
SUBTOTAL of Receipts This Page (optional)			1250.00	
TOTAL This Period (last page this line number of	only)			

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 66 / 150		
	•		Use separate schedule(s) or each category of the	(check only one)		
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Steve Wantz			Date of Receipt		
	Mailing Address 7218 Marstella Drive			1 1 1 5 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13418779		
	Brownsburg	IN	46112-8442	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Clarian Health	Occupation Senior Vi	n ce President			
	Receipt For:		Year-to-Date ▼			
	Primary General	00 0		1		
	Other (specify) ▼		500.00			
_						
В.	Full Name (Last, First, Middle Initial) Ms. Linda E White			Date of Receipt		
	Mailing Address 600 Mary Street			1 1 1 5 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13418789		
	Evansville	IN	47747-0001	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		500.00		
	Name of Employer	Occupation	1			
	Deaconess Heálth System	President	and Chief Executive Officer	•		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	' '	500.00	1		
	Other (specify)	0 0				
— С.	Full Name (Last, First, Middle Initial) Mr. James P Alender			Date of Receipt		
	Mailing Address P O Box 9011			M M / D D / Y Y Y Y		
				11 15 2006		
	City	State	Zip Code	Transaction ID: 13418800		
	Kokomo	IN	46904-9011	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Howard Regional Health Sy-	Occupation	1	7		
	Howard Regional Health System		and Chief Executive Officer			
	Receipt For:	-	Year-to-Date ▼			
	Primary General		050.00	1		
	Other (specify) ▼		250.00			
_						
				1250.00		
S	UBTOTAL of Receipts This Page (optional)		······	1250.00		

S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 67 / 150		
	•	Use separate schedule(s) or each category of the		(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Ms. JoAnn Birdzell			Date of Receipt		
	Mailing Address 4321 Fir Street			1 1 1 5 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13418816		
	East Chicago	IN	46312-3049	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer St. Catherine Hospital	Occupation President	n t and Chief Executive Officer			
	Receipt For:		Year-to-Date ▼			
	Primary General	33 13		1		
	Other (specify) ▼	1	250.00			
				1		
В.	Full Name (Last, First, Middle Initial) Mr. Darcy K. Burthay			Date of Receipt		
	Mailing Address 708 Carter Ct.			M M / D D / Y Y Y Y		
				11 15 2006		
	City	State	Zip Code	Transaction ID: 13418827		
	Kokomo	IN	46901-7026	Amount of Each Receipt this Period		
	FEC ID number of contributing	C		250.00		
	federal political committee.			250.00		
	Name of Employer	Occupation	<u> </u>	_		
	St. Joseph Hospital		and Chief Executive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General			1		
	Other (specify) ▼		250.00			
_	Full Name (Last, First, Middle Initial)					
C.	Mr. Barrett Evans			Date of Receipt		
	Mailing Address 1701 North Senate Boul	evard		1 1 1 5 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13418862		
	Indianapolis	IN	46202-1239	Amount of Each Receipt this Period		
	FEC ID number of contributing			250.00		
	federal political committee.	С		250.00		
	Name of Employer Clarian Health	Occupation Vice Pres				
	Receipt For:		Year-to-Date ▼	_		
	Primary General	33. 233.0		1		
	Other (specify)	1	250.00			
				1		
	1					
s	UBTOTAL of Receipts This Page (optional)			750.00		
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S	SCHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 68 / 150		
	·	Use separate schedule(s) or each category of the		(check only one)		
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12		
			,	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Daniel F Evans			Date of Receipt		
	Mailing Address P O Box 1367			1 1 1 5 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13418863		
	Indianapolis	IN	46206-1367	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Clarian Health Partners	Occupation President	n t and Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify) ▼		500.00			
— В.	Full Name (Last, First, Middle Initial) Mr. Sam Flanders, M.D.			Date of Receipt		
	Mailing Address 1701 North Senate Boul	evard		M M / D D / Y Y Y Y		
	The state of the s	CVara		11 15 2006		
	City	State	Zip Code	Transaction ID: 13418866		
	Indianapolis	IN	46202-1239	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Clarian Health	Occupation Sr. Vice I				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	111		1		
	Other (specify) ▼		250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. John Gorski			Date of Receipt		
J .	Mailing Address 10501 Wood Duck Lane	<u> </u>		M M / D D / Y Y Y Y		
		•		11 15 2006		
	City	State	Zip Code	Transaction ID: 13418879		
	Orland Park	<u>IL</u>	60467-8469	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Community Hospital (Munst- er)	Occupation Sr. VP O				
	Receipt For:		Year-to-Date ▼			
	Primary General	-		1		
	Other (specify) ▼		250.00			
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				1000.00		
S	UBTOTAL of Receipts This Page (optional)	·····	······································	1000.00		

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 69 / 150		
			Use separate schedule(s)	(check only one)		
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12		
			Detailed Gammary 1 age	13 14 15 16 17		
An	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
/	American Hospital Association PAC					
٩.	Full Name (Last, First, Middle Initial) Dr. Richard Graffis, , M.D.			Date of Receipt		
	Mailing Address P O Box 1367			M M / D D / Y Y Y Y		
	Cit.	Ctata	7:- Oada	11 15 2006		
	City Indianapolis	State IN	Zip Code	Transaction ID: 13418880		
	•	IIN	46206-1367	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Clarian Health	Occupation	n e Vice President and Chief M			
	Receipt For:	1	Year-to-Date V			
	Primary General	7.99.094.0	1 1 1 1 1 1 1	1		
	Other (specify) ▼	1	500.00			
3.	Full Name (Last, First, Middle Initial) Dr. Steven S. Ivy, Ph.D.			Date of Receipt		
	Mailing Address 1701 North Senate Boul	M M / D D / Y Y Y Y				
	0"		7' 0 1	11 15 2006		
	City	State	Zip Code	Transaction ID: 13418896		
	Indianapolis	IN	46202-1239	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Clarian Health	Occupation	า			
	Cianan Health		sident Values			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	'''	500.00			
	Other (specify)	0 0				
Э.	Full Name (Last, First, Middle Initial) Mr. Lawrence Graeber			Date of Receipt		
	Mailing Address P O Box 648			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13419085		
	Philadelphia Philadelphia	MS	39350-0648	Amount of Each Receipt this Period		
	•		00000 0040			
	FEC ID number of contributing federal political committee.	C		200.00		
	Name of Employer	Occupation	1	7		
	Neshoba County General Ho- spital	Chief Exe	ecutive Officer			
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General	' '	325.00	1		
	Other (specify) ▼		020.00			
				4000 00		
S	UBTOTAL of Receipts This Page (optional)			1200.00		
T	OTAL This Period (last page this line number or	าly)				

SCHEDULE A (FEC Form 3X)		lles concrete cobodule(s)	FOR LINE NUMBER: PAGE 70 / 150	
	ITEMIZED RECEIPTS		or each category of the	(check only one)
"	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Δr	ny information copied from such Reports and Stateme	ente mav	y not he sold or used by any nerso	
or	for commercial purposes, other than using the name	and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			
A.	Mr. David Putt			Date of Receipt
	Mailing Address 2500 North State Street			11 1 1 5 2006
	•	State	Zip Code	Transaction ID: 13419086
	<u>Jackson</u>	MS	39216-4500	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			250.00
	University Hospitals and	ccupation		1
	Clinics, Univ	dministr	rator • Year-to-Date ▼	_
	Primary General	ggregale	rear-to-Date ▼	
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Larry C. Bourne			Date of Receipt
	Mailing Address 424 Autumn Oak Drive	1 1 1 5 2 0 0 6		
	City S	State	Zip Code	Transaction ID: 13419087
	Madison	MS	39110-9148	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			200.00
	⊔DI Company 1	ccupation	and CEO	
	·		Year-to-Date ▼	-
	Primary General	ggregate	Total to Date V	
	Other (specify) ▼		350.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Jimmy J. Blessitt			Date of Receipt
	Mailing Address 121 E. Baker Street			1 1 1 5 2 0 0 6
	City S	State	Zip Code	Transaction ID: 13419090
	<u>Indianola</u>	MS	38751-2498	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			500.00
	South Sunflower County Ho	ccupation	n rator & Chief Executive Offic	
	spitai		Year-to-Date ∇	5
	Primary General	ggregate	Total to Date 🔻	
	Other (specify) ▼	0 0	500.00	
s	UBTOTAL of Receipts This Page (optional)			950.00
\vdash				
т	OTAL This Period (last page this line number only) .		>	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS Use separate schedule(s) or each category of the Detailed Summary Page Value	11c 12 15 16 17 iting contributions such committee.
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic or for commercial purposes, other than using the name and address of any political committee to solicit contributions from	15 16 17
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solic or for commercial purposes, other than using the name and address of any political committee to solicit contributions from	
	iting contributions such committee.
	such committee.
NAME OF COMMITTEE (In Full)	
American Hospital Association PAC	
Full Name (Last, First, Middle Initial) A. Mr Morris A Reece Date of Receipt	
Mailing Address 1314 19th Avenue	
City State Zip Code Transaction ID: 13	3419094
Meridian MS 39301-4116 Amount of Each Re	
FFO ID graph or of contribution	250.00
federal political committee.	250.00
Name of Employer Rush Health Systems Coccupation Executive Vice President and Chief Ope	
Receipt For: Aggregate Year-to-Date ▼	
Primary General	
Other (specify) ▼ 250.00	
Full Name (Last, First, Middle Initial) B. Mr. Wallace Strickland Date of Receipt	
Mailing Address 1314 19th Avenue	/
11 15	2006
City State Zip Code Transaction ID: 13	3419095
Meridian MS 39301-4116 Amount of Each Re	eceipt this Period
FEC ID number of contributing federal political committee	250.00
federal political committee.	
Name of Employer Rush Foundation Hospital President and Chief Executive Officer	
Fresident and Onler Executive Onicer	
Receipt For: Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼ 250.00	
Other (specify)	
Full Name (Last, First, Middle Initial) C. Mr. James G Chastain, , CHE Date of Receipt	
Mailing Address P O Box 157-A	/ Y Y Y Y Y
11 15	
City State Zip Code Transaction ID: 13	3419096
Whitfield MS 39193-0157 Amount of Each Re	eceipt this Period
FEC ID number of contributing federal political committee	200.00
federal political committee.	200.00
Name of Employer Occupation Mississippi State Hospital	
Director	
Receipt For: Aggregate Year-to-Date ▼ Primary General	
Other (specify) ▼ 375.00	
	• • • • • • •
SUBTOTAL of Receipts This Page (optional)	700.00
COSTOTICE OF FLOORIDE THIS Flags (optional)	

SCHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER	PAGE 72 / 150		
IT	ITEMIZED RECEIPTS		or each category of the	(check only one)	□ 44. □ 46	
••			Detailed Summary Page	X 11a 11b 14	11c 12 15 16 17	
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of solid	citing contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from	ı such committee.	
	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. W. Dale Saulters			Date of Receipt		
Λ.	Mailing Address P.O. Box 967				/ Y Y Y Y	
				11 15		
	City	State	Zip Code	Transaction ID: 1	3419097	
	Louisville	MS	39339-0967	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			200.00	
	Name of Employer Winston Medical Center	Occupation Administ				
	Receipt For:		e Year-to-Date ▼			
	Primary General		250.00			
	Other (specify) ▼		230.00			
В.	Full Name (Last, First, Middle Initial) Mr. Gerald D Wages			Date of Receipt		
	Mailing Address 830 S. Gloster Street	1 1 1 5				
	City	State	Zip Code	Transaction ID: 13419104		
	Tupelo	MS	38801-4996	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			440.00	
	Name of Employer North Mississippi Health	Occupation	n			
	Services, Inc		resident and Chief Executive)		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼			
	Other (specify)		440.00			
			0 0 0 0 0 0 0			
C.	Full Name (Last, First, Middle Initial) Mr. Lawrence Graeber			Date of Receipt		
Ο.	Mailing Address P O Box 648			M M / D D	/ Y Y Y Y Y	
				11 15		
	City	State	Zip Code	Transaction ID: 1	3419109	
	<u>Philadelphia</u>	MS	39350-0648	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	С			125.00	
	Name of Employer Neshoba County General Ho-	Occupation				
spital Chile Exe			ecutive Officer	_		
		Aggregate	e Year-to-Date ▼	.]		
		450.00				
		0 0	0 0 0 0 0 0 0			
s	UBTOTAL of Receipts This Page (optional)		·····		765.00	
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T	OTAL This Period (last page this line number of	only)	>			

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 73 / 150
	•	Use separate schedule(s) or each category of the		(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Carrinary Fage	13 14 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	ame and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	·			
	Full Name (Last, First, Middle Initial)			
Α.	Mr. Donald Smith			Date of Receipt
	Mailing Address 1314 19th Avenue			1 1 1 5 2 0 0 6
	Oib.	C1-1-	7:- Oada	
	City	State	Zip Code	Transaction ID: 13419112
	Meridian	MS	39301-4116	Amount of Each Receipt this Period
	FEC ID number of contributing	С		250.00
	federal political committee.			
	Name of Employer	Occupation	า	_
	Name of Employer Rush Foundation Hospital		e Director of HR	
	Receipt For:		Year-to-Date ▼	
	Primary General	riggrogato	real to Bate V	1
	Other (specify)		250.00	
	c.i.e. (epoeny) 🔻	0 0	0 0 0 0 0 0 0	
_	Full Name (Last, First, Middle Initial)			
В.	Mr. Jerry M Howell			Date of Receipt
	Mailing Address P O Box 630			M M / D D / Y Y Y Y
	5			11 15 2006
	City	State	Zip Code	Transaction ID: 13419113
	Columbia	MS	39429-0630	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		150.00
	Name of Employer Marion General Hospital	Occupation		
	· · · · · · · · · · · · · · · · · · ·		erating Officer	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	
	Other (specify)		000.00	
C.	Full Name (Last, First, Middle Initial) Ms. Debbie Shearer			Date of Receipt
Ο.				M M / D D / Y Y Y Y
	Mailing Address 6051 U.S. Highway 49			1 1 1 5 2 0 0 6
	City	State	Zip Code	Transaction ID: 13419115
	Hattiesburg	MS	39401-7200	Amount of Each Receipt this Period
	•		30.0.7.200	7 tillodrit of Edon't teodipt tillo 1 eriod
	FEC ID number of contributing federal political committee.	C		125.00
	Name of Employer Forrest General Hospital	Occupation	า	
			of Government Relations	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify)		250.00	
_				
				505.00
s	UBTOTAL of Receipts This Page (optional)			525.00
\vdash			<u>·</u>	

S	CHEDULE A (FEC Form 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 74 / 150 (check only one)
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar or	ly information copied from such Reports and Statements of for commercial purposes, other than using the name and	nay not be sold or used by any perso address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Mr. Sam W. Cameron		Date of Receipt
	Mailing Address 28 Waterford Place		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: 13419154
	Jackson MS	39211-2945	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		600.00
	Name of Employer Mississippi Hospital Association Occupa Presid	tion ent & Chief Executive Officer	
	Receipt For: Primary General Other (specify) ▼	ate Year-to-Date ▼ 1350.00	
В.	Full Name (Last, First, Middle Initial) Mr. William E Peaks Mailing Address P O Box 1240		Date of Receipt
			11 15 2006
	City State	Zip Code	Transaction ID: 13419160
	Gulfport MS	39502-1240	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		500.00
	Name of Employer Garden Park Medical Center Occupa Chief I	tion Executive Officer	
		ate Year-to-Date ▼	
	Primary General Other (specify) ▼	500.00	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. G Douglas Higginbotham		Date of Receipt
	Mailing Address P O Box 607		1 1 1 1 5 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State	Zip Code	Transaction ID: 13419182
	<u>Laurel</u> MS	39441-0607	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		250.00
	Name of Employer Occupa South Central Regional Me-		
	dical Center Execut	tive Director	_
	Receipt For: Aggreg	ate Year-to-Date ▼	1
	Other (specify) ▼	550.00	
s	UBTOTAL of Receipts This Page (optional)		1350.00
Ļ	OTAL This Period (last page this line number only)		

SCHEDULE A (FEC Form 3X)				FOR LINE NUMBER: PAGE 75 / 150	
	` '	Use separate schedule(s) or each category of the		(check only one)	
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12	
			_ common common, coge	13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. C. Gerald Cotton			Date of Receipt	
	Mailing Address 1225 N. State Street			1 1 1 5 2 0 0 6	
	City	State	Zip Code	Transaction ID: 13419187	
	Jackson	MS	39202-2064	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer Mississippi Baptist Medic-	Occupation President			
	al Center Receipt For:		Year-to-Date ▼		
	Primary General	00 0		1	
	Other (specify) ▼		500.00		
_	Full Name (Last, First, Middle Initial)				
В.				Date of Receipt	
	Mailing Address 2500 North State Stree	t		11 15 2006	
	City	State	Zip Code	Transaction ID: 13419188	
	Jackson	MS	39216-4500	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		500.00	
	Name of Employer University Hospitals and	Occupation		7	
	Clinics, Univ		ecutive Officer		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		500.00		
	Other (specify)	0 0			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Charles L Denton			Date of Receipt	
	Mailing Address 960 Avent Drive			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13419192	
	Grenada	MS	38901-5230	Amount of Each Receipt this Period	
	FEC ID number of contributing			050.00	
	federal political committee.	C		250.00	
	Name of Employer Grenada Lake Medical Cent- er	Occupation Chief Exe	n ecutive Officer		
	Receipt For:		Year-to-Date ▼		
	Primary General	111		1	
	Other (specify) ▼		250.00]	
_	UDTOTAL (D. 11 TIL D. 11 TIL TIL			1250.00	
	UBTOTAL of Receipts This Page (optional)				
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S	CHEDULE A (FEC Form 3X)		Llas congreto cobodulo(a)	FOR LINE NUMBER: PAGE 76 / 150
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
•••	EIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
_				13 14 15 16 17
Ar or	ly information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any personders of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. James T. Kirkpatrick			Date of Receipt
	Mailing Address 73 North Avenue			11 1 10 2006
	City	State	Zip Code	Transaction ID: 13419626
	Mendon	MA	01756-1015	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Massachusetts Hospital As- sociation	Occupation VP, Finar		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
В.	Full Name (Last, First, Middle Initial) Ms. Nancy Palmer			Date of Receipt
	Mailing Address 9 Buttonwood Lane	11 10 2006		
	City	State	Zip Code	Transaction ID: 13419627
	Danvers	MA	01923-1161	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Beverly Hospital	Occupation Trustee	n	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	250.00	
C.	Full Name (Last, First, Middle Initial) Ms. Ellen Zane, , CHE			Date of Receipt
	Mailing Address 750 Washington Street			11 1 10 2006
	City	State	Zip Code	Transaction ID: 13419628
	Boston	MA	02111-1845	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Tufts-New England Medical	Occupation President	n t and Chief Executive Office	7
	Center Receipt For:		e Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional))	750.00
T	OTAL This Period (last page this line number of	nnlv)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 77 / 150
	` '	Use separate schedule(s)		(check only one)
ITEMIZED RECEIPTS		or each category of the Detailed Summary Page		X 11a 11b 11c 12
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Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
$ \rangle$	American Hospital Association PAC			
	American Hospital Association 1 Ao			
	Full Name (Last, First, Middle Initial)			
A.	Mr. Steven A. Millard			Date of Receipt
	Mailing Address 615 N. 7th Street			M M / D D / Y Y Y Y
				11 16 2006
	City	State	Zip Code	Transaction ID: 13420122
	Eagle	ID	83702-5502	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.			4.00
	Name of Employer Idaho Hospital Association	Occupation		
		President	<u> </u>	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	' '	254.00	
	Other (specify) ▼		234.00	
_	Full Name (Last, First, Middle Initial)			
В.				Date of Receipt
	Mailing Address 304 S 11th Street			1 1 1 6 2 0 0 6
	Oit.	Ctata	7:- O-d-	
	City	State	Zip Code	Transaction ID: 13420137
	Coeur D Alene	ID	83814-3905	Amount of Each Receipt this Period
	FEC ID number of contributing	С		23.00
	federal political committee.			
	Name of Employer	Occupation	 1	7
	Kootenai Medical Center		ecutive Officer	
	Receipt For:		Year-to-Date ▼	_
	Primary General	1 199. 193	1 1 1 1 1 1 1	1
	Other (specify)		273.00	
				'
	Full Name (Last, First, Middle Initial)			
C.	Mr. Craig A Johnson			Date of Receipt
	Mailing Address 6640 Kaniksu Street			M M / D D / Y Y Y Y
				11 16 2006
	City	State	Zip Code	Transaction ID: 13420139
	Bonners Ferry	ID	83805-7532	Amount of Each Receipt this Period
	FEC ID number of contributing			23.00
	federal political committee.	C		23.00
	Name of Employer	Ossunation		4
	Name of Employer Boundary Community Hospit-	Occupation		
	al		ecutive Officer and Chief Fina	<u>a </u>
	Receipt For:	Aggregate	Year-to-Date ▼	.]
	Primary General Other (specify) ▼	' '	273.00	
	Cirie (Specily) ¥			
1.				50.00
LS	UBTOTAL of Receipts This Page (optional)	·····	<u> </u>	30.00

SCHEDULE A (FEC Form 3X) Use separate so			Use separate schedule(s)	FOR LINE NU	
ITEMIZED RECEIPTS		or each category of the		(check only on	<i>′</i> — —
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or	y information copied from such Reports and St for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contribution	ons from such committee.
	NAME OF COMMITTEE (In Full)				
$ \rangle$	American Hospital Association PAC				
\angle	·			_	
۸	Full Name (Last, First, Middle Initial) Mr. Jeffrey W Martin			Date of Re	ooint
Α.	Mailing Address 700 South Main Street			M M /	D D / Y Y Y Y
City				1 1	16 2006
		State	Zip Code	Transactio	n ID: 13420141
	Moscow	ID	83843-3056	Amount of	Each Receipt this Period
	FEC ID number of contributing	C			23.00
	federal political committee.				20.00
	Name of Employer Gritman Medical Center	Occupation	n	1	
	Gritman Medical Center	Chief Exe	ecutive Officer		
	Receipt For:	Aggregate	e Year-to-Date ▼		
	Primary General	1	273.00		
	Other (specify)		270.00		
	Full Name (Last, First, Middle Initial)			+	
В.				Date of Re	ceipt
	Mailing Address 1512 12th Avenue Roa	d		M M /	
	-			11	16 2006
	City	State	Zip Code		n ID: 13420164
	Nampa	<u>ID</u>	83686-6008	Amount of	Each Receipt this Period
	FEC ID number of contributing federal political committee.	C			46.00
	Name of Employer Mercy Medical Center	Occupation			
	·		t and Chief Executive Officer	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)	' '	296.00		
_	Full Name (Last, First, Middle Initial)				
C.	Ms. Victoria A Alexander			Date of Re	<u>'</u>
	Mailing Address P O Box 700			1 1	16 2006
	City	State	Zip Code		n ID: 13420167
	Salmon	ID	83467-0700		Each Receipt this Period
	FEC ID number of contributing	С			
	federal political committee.				300.00
	Name of Employer	Occupation	<u> </u>	-	
	Name of Employer Steele Memorial Medical Center		ecutive Officer		
	Receipt For:		e Year-to-Date ▼		
Primary General		1 1	200.00		
	Other (specify)		300.00		
_	UDTOTAL (D. 11. TH. D. 11. H.				369.00
Ls	UBTOTAL of Receipts This Page (optional)		······		
_	OTAL This Period (last page this line number of	anly)			
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S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 79 / 150	
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Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12	
			, ,	13 14 15 16 17	
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the	name and add	iress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
\angle	American Hospital Association PAC				
Α.	Full Name (Last, First, Middle Initial) Mr. Greg Burfitt			Date of Receipt	
	Mailing Address 188 Inverness Drive W	est		1 1 1 0 2 0 0 6	
	City	State	Zip Code	Transaction ID: 13420288	
	Englewood	CO	80112-5205	Amount of Each Receipt this Period	
	FEC ID number of contributing				
	federal political committee.	C		250.00	
	Name of Employer Centura Health	Occupation	n ecutive Officer	7	
	Receipt For:		Year-to-Date ▼	_	
	Primary General	39 -3		1	
	Other (specify) ▼		250.00		
				1	
В.	Full Name (Last, First, Middle Initial) Ms. Madeleine Roberson			Date of Receipt	
	Mailing Address 1719 East 19th Avenue	!		M M / D D / Y Y Y Y	
				11 10 2006	
	City	State	Zip Code	Transaction ID: 13420310	
	Denver	CO	80218-1235	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		125.00	
		10			
	Name of Employer Presbyterian-St. Luke's	Occupation	n t and Chief Executive Officer		
	Medical Center Receipt For:		Year-to-Date V	_	
	Primary General	Ayyreyale	rear-to-Date V	1	
	Other (specify)		375.00		
		0 0	0 0 0 0 0 0 0		
C.	Full Name (Last, First, Middle Initial) Mr. Jefrey A. Dorsey			Date of Receipt	
	Mailing Address 4643 S. Ulster Street Suite 1200			1 1 1 0 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City	State	Zip Code	Transaction ID: 13420311	
	Denver	CO	80237-2853	Amount of Each Receipt this Period	
	FEC ID number of contributing			250.00	
	federal political committee.	C		250.00	
	Name of Employer HealthONE	Occupation President			
	Receipt For:		Year-to-Date ▼		
	Primary General		050.00	1	
	Other (specify) ▼		250.00		
				205.00	
s	UBTOTAL of Receipts This Page (optional)			625.00	
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S	CHEDULE A (FEC Form 3X)		Llas apparata ashadula(a)	FOR LINE NUMBER: PAGE 80 / 150
ITEMIZED RECEIPTS			Use separate schedule(s) or each category of the	(check only one)
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				13 14 15 16 17
Ar or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Sr Sheila Lyne			Date of Receipt
	Mailing Address 2525 South Michigan A	venue		11 1 16 2006
	City	State	Zip Code	Transaction ID: 13420366
	Chicago	IL	60616-2333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Hospital and Medical Center	Occupation President	n t and Chief Executive Office	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	250.00	1
	Other (specify)		230.00	
В.	Full Name (Last, First, Middle Initial) Sr Sheila Lyne			Date of Receipt
	Mailing Address 2525 South Michigan Avenue			11 16 2006
	City	State	Zip Code	Transaction ID: 13420367
	Chicago	<u> </u>	60616-2333	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Mercy Hospital and Medical	Occupation President	า t and Chief Executive Office	r
	Center Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) 🔻	0 0	500.00	
C.	Full Name (Last, First, Middle Initial) Ms. Monica A. Seeland			Date of Receipt
	Mailing Address 4050 South 35th Street			11 1 4 2006
	City	State	Zip Code	Transaction ID: 13420800
	Lincoln	NE	68506-4807	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Nebraska Hospital Associa- tion	Occupation Director of	n of Clinical Health Informatio	
	Receipt For:		Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			750.00
_	OTAL This Period (last page this line number of	only)		

SCHEDULE A (FEC F	orm 3X)	Use separate schedule(s)	FOR LINE NUMBER: PAGE 81 / 150
TEMIZED RECEIPTS	,	or each category of the	(check only one)
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Any information copied from such	Reports and Statements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or for commercial purposes, other	than using the name and add	dress of any political committee to	solicit contributions from such committee.
NAME OF COMMITTEE (In Fu	(الد		
American Hospital Associa	ation PAC		
Full Name (Last, First, Middle In Mr. Daniel W. Griess	nitial)		Date of Receipt
Mailing Address 744 West	16th Street		11 1 14 2006
City	State	Zip Code	Transaction ID: 13420801
Alliance	NE	69301-2214	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Box Butte General Hospital	Occupation Chief Exe	n ecutive Officer	
Receipt For:		e Year-to-Date ▼	7
Primary Genera Other (specify) ▼		250.00	
Full Name (Last, First, Middle II	nitial)		Date of Receipt
Mailing Address P O Box 5	99		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	Transaction ID: 13420802
Tecumseh	NE	68450-0599	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Johnson County Hospital	Occupation		
-	Administ		_
Receipt For: Primary Genera	00 0	e Year-to-Date ▼	1
Other (specify) ▼		250.00	
Full Name (Last, First, Middle In Mr. Earl N Sheehy	nitial)		Date of Receipt
Mailing Address P O Box 1	85		1 1 1 1 4 2 0 0 6
City	State	Zip Code	Transaction ID: 13420803
Wahoo	NE	68066-0185	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		250.00
Name of Employer Saunders County Health Se-	Occupation	n	7
rvices		t and Chief Executive Officer	·
		e Year-to-Date ▼	
Primary Genera Other (specify) ▼		250.00	
SUBTOTAL of Receipts This Pag	ge (optional)		750.00
TOTAL This Period (last page thi	is line number only)		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 82 / 150
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar or	y information copied from such Reports and State for commercial purposes, other than using the na	ements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Glenn A Fosdick, , FACHE			Date of Receipt
	Mailing Address 987400 Nebraska Medica	al Center		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13420804
	<u>Omaha</u>	NE	68198-7400	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Nebraska Medical Center	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		500.00	
3.	Full Name (Last, First, Middle Initial) Mr. Michael J. Rock			Date of Receipt
Mailing Address 325 Seventh Street, NW Suite 700				11 1 10 1 2006
	City	State	Zip Code	Transaction ID: 13420809
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		500.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ciate Director	4
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		500.00	
).	Full Name (Last, First, Middle Initial) Ms. Grace McAuliffe			Date of Receipt
	Mailing Address 70 Glover Avenue			1 1 1 1 4 2 0 0 6
	City	State	Zip Code	Transaction ID: 13420813
	Quincy	MA	02171-2324	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Name of Employer Massachusetts Hospital As-	Occupation		
	sociation	Board of		-
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify)	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1250.00
_	OTAL This Poyled (lost ness this line surely and	h.A		
1	OTAL This Period (last page this line number onl	y)	······································	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 83 / 150
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Charles F. Harms			Date of Receipt
	Mailing Address 2520 Moonlight Ct.			111 / 10 / 2006
	City	State	Zip Code	Transaction ID: 13421086
	Cheyenne	WY	82009-8572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Cheyenne Regional Medical Center	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	1
	Other (specify) ▼	0 0		
3.	Full Name (Last, First, Middle Initial) Ms. Trudy Chittick			Date of Receipt
	Mailing Address 150 East Arapahoe Stre	111 / 10 / 2006		
	City	State	Zip Code	Transaction ID: 13421087
	Thermopolis	WY	82443-2402	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Hot Springs County Memori- al Hospital	Occupation Chief Exe	n ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		250.00	1
	Other (specify) ▼	0 0	0 0 0 0 0 0	
Э.	Full Name (Last, First, Middle Initial) Mr. Daniel J. Perdue			Date of Receipt
	Mailing Address 2005 Warren Avenue Post Office Box 249			111 / 10 / Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13421088
	Cheyenne	WY	82001-3725	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Wyoming Hospital Associa-	Occupation President		
	tion Receipt For:	1	Year-to-Date ▼	+
	Primary General	33 -3		1
	Other (specify) ▼	0 0	250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
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T	OTAL This Period (last page this line number or	nly)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 84 / 150
	· · · · · · · · · · · · · · · · · · ·		Use separate schedule(s) or each category of the	(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and Sta	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the r	name and add	iress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. Daniel J Werner			Date of Receipt
	Mailing Address 801 Middleford Road			1 1 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 13421090
	Seaford	DE	19973-3636	Amount of Each Receipt this Period
	FEC ID number of contributing			
	federal political committee.	C		250.00
	Name of Employer Nanticoke Memorial Hospit-	Occupation President	n t and Chief Executive Officer	
	al Receipt For:		Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. Carole Fisher			Date of Receipt
	Mailing Address 8321 Spinraher Cove D	rive		1 1 1 0 2 0 0 6
	City	State	Zip Code	Transaction ID: 13421099
	Las Vegas	NV	89128-7726	Amount of Each Receipt this Period
	FEC ID number of contributing			500.00
	federal political committee.	C		500.00
	Name of Employer Vegas Valley Rehabilitati-	Occupation	1	
	on Hospital	CEO		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		500.00	
	Other (specify)			
_	Full Name (Last, First, Middle Initial)			Date of Receipt
٥.	Ms. Kay B. Weir, CAVS Mailing Address 6728 N.W. Oregon Ave	nua		M M / D D / Y Y Y Y
	Walling / Ida i do d' / 20 N. W. Olegoli Ave	11 10 2006		
	City	State	Zip Code	Transaction ID: 13421293
	Kansas City	MO	64151-1940	Amount of Each Receipt this Period
	FEC ID number of contributing			250.00
	federal political committee.	C		230.00
	Name of Employer Saint Luke's Hospital of	Occupation		
	Kansas City		tor, Volunteer Services	_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	'''	250.00	
	Other (specify)			1
_	IIDTOTAL of Dogainte This Days (seller "			1000.00
L	UBTOTAL of Receipts This Page (optional)		······	-
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SCHEDULE A (FEC Form 3X) Use separate schedule(s)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 85 / 150
ITEMIZED RECEIPTS			or each category of the	(check only one)	
TI LIVIIZED TIECEIF 13			Detailed Summary Page	X 11a 11b	11c 12
				13 14	15 16 17
An	y information copied from such Reports and St for commercial purposes, other than using the	n for the purpose of solicitions from the solicit contributions from the solicitions from the solicities are solicities.	ing contributions such committee.		
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 anondari ricopitar ricocciation i rico				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Stanley R Korducki			Date of Receipt	
	Mailing Address 950 West Wooster Stre	eet		11 07	2006
	City	State	Zip Code	Transaction ID: 13	
	Bowling Green	OH	43402-2603	Amount of Each Re	
	•		TOTOL 2000	Amount of Laciffic	
	FEC ID number of contributing federal political committee.				375.00
	Name of Employer Wood County Hospital	Occupation			
		President		4	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Other (specify)		375.00		
			0 0 0 0 0 0 0		
_	Full Name (Last, First, Middle Initial)				
В.	Mr Kevin V Roberts			Date of Receipt	
	Mailing Address 11100 Euclid Avenue			M M / D D	7 7 7 7 7
	0			11 07	2006
	City State Zip Code		·	Transaction ID: 13	
	Cleveland	OH	44106-1716	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer University Hospitals	Occupation			
			e Prsident and Chief Financia	<u>a</u>	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
	Primary General Other (specify) ▼		250.00		
	Other (specify)				
_	Full Name (Last, First, Middle Initial)				
C.	Mr Michael Szubski			Date of Receipt	
	Mailing Address 11100 Euclid Avenue			M M / D D	
	011	01-1-	7'- O-d-	11 07	2006
	City	State	Zip Code	Transaction ID: 13	
	Cleveland	OH	44106-1716	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer University Hospitals Case	Occupation			
	Medical Cent		ce President and Chief Finan	<u>10</u>	
	Receipt For:	Aggregate	e Year-to-Date ▼		
Primary General			250.00		
	Other (specify)				
	UBTOTAL of Receipts This Page (optional)				875.00
\vdash					
T	OTAL This Period (last page this line number of				

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 86 / 150
ITEMIZED RECEIPTS			or each category of the	(check only one)	- —
TI EINIZED REGEN 10			Detailed Summary Page	X 11a 11b	11c 12
_			13 14	15 16 17	
or	y information copied from such Reports and St for commercial purposes, other than using the	atements may name and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of solicitions from the solicition of the solic	ling contributions such committee.
	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,		
$ \rangle$	American Hospital Association PAC				
	7 an one dan 1 loop har 7 loop station 1 7 lo				
_	Full Name (Last, First, Middle Initial)				
Α.	Mr. Thomas F Zenty			Date of Receipt	
	Mailing Address 11100 Euclid Avenue			1 1 0 7	2006
	City	State	Zip Code	Transaction ID: 13	
	Cleveland	OH	44106-1716	Amount of Each Re	
			44100 1710	Amount of Lacritte	1 1 1 1
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer University Hospitals	Occupation			
			ecutive Officer		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,	
	Other (specify)		250.00		
		0 0	0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)				
В.	Dr. Archilles A. Demetriou			Date of Receipt	
	Mailing Address 26600 George Zeiger D	M M / D D	/ Y Y Y Y Y		
	Cit.	7in Ondo	11 07	2006	
	City	State	Zip Code	Transaction ID: 13421332	
	Beachwood	OH	44122-7529	Amount of Each Re	ceipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer UHHS-Memorial Hospital of	Occupation	n		
	Geneva	CEO			
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	.	
	Primary General Other (specify) ▼		250.00		
	Other (specify)	0 0	0 0 0 0 0 0 0	1	
_	Full Name (Last, First, Middle Initial)			1	
C.	Mr. John E. Callender			Date of Receipt	
	Mailing Address 2743 Elginfield Road			1 1 0 7	2006
	City	State	Zip Code		
	Upper Arlington	OH	43220-4247	Transaction ID: 13 Amount of Each Re	
		OIT	43220-4247	Amount of Each Ne	ceipt triis Period
	FEC ID number of contributing federal political committee.	C			37.50
Name of Employer Ohio Hospital Association					
		Occupation			
			ce President		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼		
Other (specify)			412.50		
	care (epison), •	-	0 0 0 0 0 0 0	1	
		1			
s	UBTOTAL of Receipts This Page (optional)				537.50
	. 5 ,			-	
T	OTAL This Period (last page this line number of	only))		

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER:	PAGE 87 / 150
ITEMIZED RECEIPTS		or each category of the	(check only one)	442 🖂 40	
•			Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17
Ar	ny information copied from such Reports and St	atements may	not be sold or used by any perso	n for the purpose of soliciti	na contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from si	uch committee.
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)				
Α.		11.47		Date of Receipt	/ Y Y Y Y
	Mailing Address 3800 Reservoir Road N	IVV		11 24	2006
	City	State	Zip Code	Transaction ID: 134	31475
	Washington	DC	20007-2113	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	C			250.00
	Name of Employer MedStar-Georgetown Medical Center	Occupation Chief Fin	n ancial Officer	7	
	Receipt For:		e Year-to-Date ▼		
	Primary General	-	250.00		
	Other (specify) ▼	0 0	230.00		
В.	Full Name (Last, First, Middle Initial) Mr. Bill M. Welch			Date of Receipt	
	Mailing Address 3352 Corey Drive			1 1 / 2 7	2006
	City	State Zip Code		Transaction ID: 134	34985
	Reno	NV	89509-3931	Amount of Each Rec	eipt this Period
	FEC ID number of contributing federal political committee.	С			500.00
	Name of Employer Nevada Hospital Associati-	Occupation	n t and Chief Executive Officer		
	on Receipt For:		Year-to-Date ▼		
	Primary General	7.99.094.0			
	Other (specify) ▼	0 0	500.00		
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Dawn Ahner			Date of Receipt	
-	Mailing Address 1155 Mill Street			M M / D D	/ Y Y Y Y
	0.0		7: 0 1	11 27	2006
	City Reno	State NV	Zip Code	Transaction ID: 134	
	FEC ID number of contributing			Amount of Each Rec	eipi inis Period
	federal political committee.	C			500.00
	Name of Employer Renown Health	Occupation	n ancial Officer		
	Receipt For:		e Year-to-Date ▼	1	
	Primary General		F00.00		
	Other (specify)	0 0	500.00		
s	SUBTOTAL of Receipts This Page (optional)				1250.00
\vdash					
т	OTAL This Period (last page this line number of				

COUEDING A (FEC Forms OV)				FOR LINE NUMBER: PAGE 88 / 150		
SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	$\begin{array}{ c c c c c c c c c c c c c c c c c c c$		
Δr	y information copied from such Reports and S	tatemente may	unot be sold or used by any perso			
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	7 interioral interpretative containers in the					
	Full Name (Last, First, Middle Initial)					
A.	Mr. Scott Wooten			Date of Receipt		
	Mailing Address 1010 North 96th St, Ste	e 200		M M / D D / Y Y Y Y		
				11 27 2006		
	City	State	Zip Code	Transaction ID: 13434991		
	<u>Omaha</u>	NE	68114-2595	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.					
	Name of Employer	Occupation	n	\dashv		
	Name of Employer Alegent Health	1 '	ce President and Chief Fina	nd		
	Receipt For:		e Year-to-Date ▼	_		
	Primary General	00 0		1		
	Other (specify)		250.00			
	Full Name (Last, First, Middle Initial)					
В.	Mr. Patrick Jordan			Date of Receipt		
	Mailing Address 2014 Washington Street	M M / D D / Y Y Y Y				
		11 27 2006				
	City	State	Zip Code	Transaction ID: 13434994		
	Newton Lower Falls	MA	02462-1699	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.					
	Name of Employer Newton-Wellesley Hospital	Occupation	n			
	Newton-Wellesley Hospital	Senior Vi	ce President for Administrat	i		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00	1		
	Other (specify)		500.00			
C.	Full Name (Last, First, Middle Initial) Mr. Peter B Davis			Date of Receipt		
٥.	Mailing Address 172 Kinsley Street			M M / D D / Y Y Y Y		
	Walling Address 172 Kirlsley Street			11 27 2006		
	City	State	Zip Code	Transaction ID: 13434996		
	Nashua	NH	03060-3648	Amount of Each Receipt this Period		
	FEC ID number of contributing			050.00		
	federal political committee.	C		250.00		
	Name of Employer	10	_	_		
	Name of Employer St. Joseph Hospital	Occupation	n t and Chief Executive Office	.		
	Receipt For:		e Year-to-Date	-		
	Primary General	Aygregate	FICAI-IU-DAIC ▼	,		
	Other (specify)		250.00			
	Stron (opcond)	-		1		
		<u> </u>				
_	UBTOTAL of Receipts This Page (optional)			1000.00		
\vdash	ODITION OF THE OF THE PAGE (OPTIONAL)					

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 89 / 150
TEMIZED RECEIPTS			or each category of the	(check only one) X 11a 11b 11c 12
•			Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
Ar	ly information copied from such Reports and State for commercial purposes, other than using the na	ements may	not be sold or used by any perso	n for the purpose of soliciting contributions
<u>~</u>	NAME OF COMMITTEE (In Full)	ino ana aac	nooc or any pointour committee to	construction from cash committee.
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Deryl L Jones			Date of Receipt
	Mailing Address 10123 SE Market Street			11 27 2006
	City	State	Zip Code	Transaction ID: 13434999
	Portland	OR	97216-2532	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Adventist Médical Center	Occupation President		_
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	250.00	
3.	Full Name (Last, First, Middle Initial) Mr. Alan R Yordy			Date of Receipt
	Mailing Address 14432 SE Eastgate Way,	11 27 4 2006		
	City	State	Zip Code	Transaction ID: 13435002
	Bellevue	WA	98007-6493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	PeaceHealth '	Occupation President	n t and Chief Executive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1000.00	
).	Full Name (Last, First, Middle Initial) Mr. Wendell Hesseltine			Date of Receipt
	Mailing Address 1000 Third Street			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13435004
	Tillamook	OR	97141-3430	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		250.00
	Tillamook County General	Occupation		7
	Hospital		and Chief Executive Officer	_
	Receipt For: Primary General	Aggregate	Year-to-Date ▼	
	Other (specify) ▼		250.00	
s	UBTOTAL of Receipts This Page (optional)			1000.00
_	OTAL This Period (last nage this line number only			
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COLLEDIN E A (EEO Essent OV)				FOR LINE NUMBER: PAGE 90 / 150		
SCHEDULE A (FEC Form 3X)		Use separate schedule(s)		(check only one)		
ITEMIZED RECEIPTS		or each category of the		X 11a 11b 11c 12		
			Detailed Summary Page	13 14 15 16 17		
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or	ny information copied from such Reports and State for commercial purposes, other than using the r	atements may name and add	rnot be sold or used by any person dress of any political committee to	solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Robert C Chapman, , FACHE			Date of Receipt		
	Mailing Address 3000 Galleria Tower, St	te 1700		1 1 2 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13435014		
	Birmingham	AL	35244-2378	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1041.00		
	Name of Employer St. Vincent's Health System Receipt For: Primary Other (specify)		t and Chief Executive Officer Year-to-Date ▼	1		
	Full Name (Last, First, Middle Initial)	0 0	0 0 0 0 0 0 0	J.		
В.	Mr. David E Hoidal			Date of Receipt		
	Mailing Address 500 22nd Street South,	1 1 2 1 2 0 0 6				
	City	State	Zip Code	Transaction ID: 13435015		
	Birmingham	AL	35233-3110	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		1000.00		
	Name of Employer UAB Health System	Occupation Chief Exe	n ecutive Officer			
	Receipt For: Primary General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 1000.00			
<u> </u>	Full Name (Last, First, Middle Initial) Dr. Michael Waldrum, , M.D.			Date of Receipt		
	Mailing Address 619 South 19th Street			1 1 2 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13435016		
	Birmingham	AL	35233-6505	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		700.00		
	Name of Employer University of Alabama Hospital Receipt For: Primary General Other (specify) ▼		erating Officer 9 Year-to-Date ▼ 700.00			
s	UBTOTAL of Receipts This Page (optional)			2741.00		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 91 / 150		
	·	Use separate schedule(s)		(check only one)		
IT	EMIZED RECEIPTS	or each category of the Detailed Summary Page		X 11a 11b 11c 12		
			Detailed Summary Fage	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
$ \rangle$	American Hospital Association PAC					
	•					
•	Full Name (Last, First, Middle Initial)					
A.	Mr. Clark P Christianson			Date of Receipt		
	Mailing Address P O Box 850429			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
				11 21 2006		
	City	State	Zip Code	Transaction ID: 13435017		
	Mobile	AL	36685-0429	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		500.00		
	federal political committee.			000.00		
	Name of Employer	Occupation	2	-		
	Name of Employer Providence Hospital		t and Chief Executive Officer			
	Receipt For:		Year-to-Date ▼	_		
	Primary General	riggrogato	real to Bate ¥	1		
	Other (specify)		500.00			
		0 0	0 0 0 0 0 0 0			
_	Full Name (Last, First, Middle Initial)					
В.	Mr. Harold Reed			Date of Receipt		
	Mailing Address P O Drawer 710			M M / D D / Y Y Y Y		
		11 21 2006				
	City	State	Zip Code	Transaction ID: 13435018		
	<u>Fayette</u>	AL	35555-0710	Amount of Each Receipt this Period		
	FEC ID number of contributing			007.00		
	federal political committee.	C		387.00		
		10 "		_		
	Name of Employer Fayette Medical Center	Occupation				
	·	Administ		_		
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		387.00			
	Other (specify)					
_	Full Name (Last First Middle Initial)					
C.	Full Name (Last, First, Middle Initial) Mr. Donald Henderson			Date of Receipt		
	Mailing Address 8213 Marsh Pointe Drive	ے		M M / D D / Y Y Y Y		
	3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3			11 21 2006		
	City	State	Zip Code	Transaction ID: 13435019		
	Montgomery	AL	36117-7432	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer Jackson Hospital and Clin-	Occupation				
ic Receipt For: Primary General		President		_		
		Aggregate	Year-to-Date ▼			
			250.00			
	Other (specify) ▼		250.00			
_						
				1137.00		
S	UBTOTAL of Receipts This Page (optional)		······	1137.00		
\vdash						

S	CHEDULE A (FEC Form 3X)		Harana and a shadala (a)	FOR LINE NUMBER: PAGE 92 / 150		
	·		Use separate schedule(s) or each category of the	(check only one)		
ITEMIZED RECEIPTS		Detailed Summary Page		X 11a 11b 11c 12		
			, ,	13 14 15 16 17		
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	n for the purpose of soliciting contributions		
or	for commercial purposes, other than using the n	ame and add	iress of any political committee to	solicit contributions from such committee.		
	NAME OF COMMITTEE (In Full)					
\angle	American Hospital Association PAC					
A.	Full Name (Last, First, Middle Initial) Mr. Mark S. Williams			Date of Receipt		
	Mailing Address 5314 Mountain Park Circ	cle		1 1 2 1 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13435020		
	Indian Springs	AL	35124-3042	Amount of Each Receipt this Period		
	FEC ID number of contributing					
	federal political committee.	C		250.00		
	Name of Employer St. Vincent's Hospital	Occupation	n dical Officer			
	Receipt For:	1	Year-to-Date ▼	_		
	Primary General	33 - 3		1		
	Other (specify) ▼	1	250.00			
В.	Full Name (Last, First, Middle Initial) Mr. Merrill Gappmayer			Date of Receipt		
	Mailing Address 1156 S. State			M M / D D / Y Y Y Y		
	Suite 202			11 27 2006		
	City	State	Zip Code	Transaction ID: 13435202		
	<u>Orem</u>	UT	84097-8233	Amount of Each Receipt this Period		
	FEC ID number of contributing	С		250.00		
	federal political committee.			200.00		
	Name of Employer	Occupation	1	7		
	Intermountain Health Care, Inc.	Trustee				
	Receipt For:	Aggregate	Year-to-Date ▼			
	Primary General		250.00			
	Other (specify)	0 0	250.00			
_	Full Name (Last, First, Middle Initial)					
C.	Dr. Charles W Sorenson, , Jr., M.D	0 15		Date of Receipt		
	Mailing Address 36 South State Street, 22nd FI			11 27 2006		
	City	State	Zip Code	Transaction ID: 13435203		
	Salt Lake City	UT	84111-1453	Amount of Each Receipt this Period		
	FEC ID number of contributing			125.00		
	federal political committee.	C		123.00		
	Name of Employer Intermountain Health Care,	Occupation				
	Inc.		Vice President and Chief O	pe		
Receipt For: Primary General		Aggregate	Year-to-Date ▼	. [
		' '	375.00			
	Other (specify)	0 0	0,0.00			
_	LIDTOTAL of Descripts This Descriptors II			625.00		
L	UBTOTAL of Receipts This Page (optional)		_			
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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 93 / 150		
ITEMIZED RECEIPTS			or each category of the	(check only one)		
II EIVIIZED NECEIP 13			Detailed Summary Page	X 11a 11b 11c 12		
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Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions a solicit contributions from such committee.		
abla	NAME OF COMMITTEE (In Full)					
\rangle	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Dr. A. Lorris Betz, MD			Date of Receipt		
	Mailing Address 50 North Medical Drive	11 27 2006				
	City	State	Zip Code	Transaction ID: 13435211		
	Salt Lake City	UT	84132-0001	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		390.00		
	Name of Employer University of Utah Health Care - Hospi	Occupation Senior Vi	n ice President			
	Receipt For:	Aggregate	e Year-to-Date ▼	7		
	Primary General			1		
	Other (specify) ▼		390.00]		
В.	Full Name (Last, First, Middle Initial) Mr. Terry Odom			Date of Receipt		
	Mailing Address 504 Elm Street	1 1 2 7 2 0 0 6				
	City	State	Zip Code	Transaction ID: 13435658		
	Albuquerque	NM	87102	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Heart Hospital of New Mex-	Occupation	n	7		
	Heart Hospital of New Mexico	Interim P	President			
	Receipt For:	Aggregate	e Year-to-Date ▼	7		
	Primary General Other (specify)		250.00	1		
	Guior (openin) 🔻	0 0		1		
C.	Full Name (Last, First, Middle Initial) Mr. Warren K Spellman			Date of Receipt		
	Mailing Address P O Box DD			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	City	State	Zip Code	Transaction ID: 13435668		
	Taos	NM	87571-6284	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Holy Cross Hospital	Occupation Chief Exe	n ecutive Officer	7		
	Receipt For:	Aggregate	e Year-to-Date ▼	7		
	Primary General			1		
	Other (specify) ▼	0 0	500.00]		
	IIDTOTAL of Dogginto This Dogg (antique!)			1140.00		
$ hild_{\sim}$	UBTOTAL of Receipts This Page (optional)					

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 94 / 150
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IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12
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An	y information copied from such Reports and State	ements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the nar	me and add	lress of any political committee to	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
/	7			
	Full Name (Last, First, Middle Initial)			
٩.	Mr. J Alex Valdez, , JD			Date of Receipt
	Mailing Address P O Box 2107			M M / D D / Y Y Y Y
				11 27 2006
	City	State	Zip Code	Transaction ID: 13435669
	Santa Fe	NM	87504-2107	Amount of Each Receipt this Period
	FEC ID number of contributing			200.00
	federal political committee.	C		300.00
	· · · · · · · · · · · · · · · · · · ·			
	St Vincent Regional Medi-	Occupation		
	cal Center		ecutive Officer	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General		300.00	1
	Other (specify) ▼		300.00	
,	Full Name (Last, First, Middle Initial)			Date of Baselist
5.	Mr. Brad Copple			Date of Receipt
	Mailing Address P O Box 707			11 27 2006
	City	State	Zip Code	
	De Kalb	II	•	Transaction ID: 13436197
		<u> </u>	60115-0707	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	rederal political committee.			
	Name of Employer Kishwaukee Community Hosp-	Occupation	1	
	Kishwaukee Community Hosp- ital	Administr	rator	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify) ▼		250.00	
_	Full Name (Last, First, Middle Initial)			
j.	Ms. Michelle Janney			Date of Receipt
	Mailing Address 1828 W. Long Valley Roa	ıd		11 27 2006
	City	State	Zip Code	
	•	II	•	Transaction ID: 13436200
	Glenview	IL	60025-5042	Amount of Each Receipt this Period
	FEC ID number of contributing	C		250.00
	federal political committee.			
	Name of Employer Northwestern Memorial Hos-	Occupation	1	
	Northwestern Memorial Hos- pital	VP/Chief	Nurse Executive	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General			1
	Other (specify)		250.00	
S	JBTOTAL of Receipts This Page (optional)			800.00
			·	
т	OTAL This Period (last page this line number only	v)		

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SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 95 / 150		
ITEMIZED RECEIPTS		or each category of the		(check only one)		
ITEMIZED RECEIPTS			Detailed Summary Page	X 11a 11b 11c 12		
				13 14 15 16 17		
Ar or	ny information copied from such Reports and State for commercial purposes, other than using the na	ements may me and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
\setminus	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. William Kessler			Date of Receipt		
	Mailing Address One Saint Anthony's Way	У		11 27 2006		
	City	State	Zip Code	Transaction ID: 13436202		
	Alton	IL	62002-4568	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer Saint Anthony's Health Ce- nter	Occupation RETIRE	n O Chief Executive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		200.00	1		
	Other (specify) ▼		800.00			
В.	Full Name (Last, First, Middle Initial) Mr. Tony Mitchell			Date of Receipt		
	Mailing Address 2025 Windsor Drive			11 27 2006		
	City	State	Transaction ID: 13436206			
	Oak Brook	<u>IL</u>	60523-1586	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		250.00		
	Name of Employer Advocate Health Care	Occupation VP, Com	n munications & Government	R e lati		
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General			1		
	Other (specify)	0 0	250.00			
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James M Moore			Date of Receipt		
	Mailing Address 800 NE Glen Oak Avenue	9		1 1 2 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13436207		
	Peoria	IL	61603-3255	Amount of Each Receipt this Period		
	FEC ID number of contributing federal political committee.	C		500.00		
	Name of Employer OSF Healthcare System	Occupation Chief Exe	n ecutive Officer			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General		500.00]		
	Other (specify)		000.00	J		
Г				1250.00		
S	UBTOTAL of Receipts This Page (optional)			1230.00		

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER:	PAGE 96 / 150	
ITEMIZED RECEIPTS		or each category of the	(check only one)			
		Detailed Summary Page	X 11a 11b 1	11c 12 15 16 17		
Ar	ny information copied from such Reports and Sta	atements may	not be sold or used by any perso			
or	for commercial purposes, other than using the r	name and add	dress of any political committee to	solicit contributions from	such committee.	
Λ	NAME OF COMMITTEE (In Full)					
	American Hospital Association PAC					
Α.	Full Name (Last, First, Middle Initial) Mr. Dennis Murphy			Date of Receipt		
Λ.	Mailing Address 48 Royal Vale Drive			M M / D D	/ Y Y Y Y	
				11 27		
	City	State	Zip Code	Transaction ID: 1		
	Oak Brook	<u>IL</u>	60523-1643	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			500.00	
	Name of Employer Northwestern Memorial Hos- pital	Occupation Director,	n Medical Affairs			
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	500.00	1		
	Other (specify)	0 0				
В.	Full Name (Last, First, Middle Initial) Mr. Mark R Neaman			Date of Receipt		
	Mailing Address 1301 Central Street			11 27		
	City	State		Transaction ID: 1	3436209	
	Evanston	<u>IL</u>	60201-1613	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	С			500.00	
	Name of Employer Evanston Northwestern Hea-	Occupation				
	<u>Ithcare</u>		t and Chief Executive Officer	<u>-</u>		
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	,		
	Other (specify) ▼		500.00			
_	Full Name (Last, First, Middle Initial)			Detect Desire		
C.	Mr. Jesse P. Hall Mailing Address 1948 Elmwood Avenue			Date of Receipt	/ Y Y Y Y	
	1946 LIIIWOOd Aveilde			11 27		
	City	State	Zip Code	Transaction ID: 1	3436214	
	Wilmette	IL	60091-1430	Amount of Each R	eceipt this Period	
	FEC ID number of contributing federal political committee.	C			250.00	
	Name of Employer Highland Park Hospital	Occupation Presiden				
	Receipt For:	Aggregate	e Year-to-Date ▼			
	Primary General	' '	250.00			
_	Other (specify)	0 0				
s	SUBTOTAL of Receipts This Page (optional)		1250.00			
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TOTAL This Period (last page this line number only)						

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 97 / 150
	•	Use separate schedule(s) or each category of the		(check only one)
Ш	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
	NAME OF COMMITTEE (In Full)			
\angle	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Mr. John Potter			Date of Receipt
	Mailing Address 430 Cobblestone Drive			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13436215
	Aurora	IL	60506-4416	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Dreyer Medical Clinic	Occupation President		
	Receipt For:		Year-to-Date ▼	
	Primary General	00 0		1
	Other (specify) ▼		250.00	
В.	Full Name (Last, First, Middle Initial) Mr. David A Schertz			Date of Receipt
	Mailing Address 5666 East State Street			M M / D D / Y Y Y Y
	Cit.	Ctata	7:- Oada	11 27 2006
	City	State	Zip Code	Transaction ID: 13436216
	Rockford	IL	61108-2472	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer	Occupation	1	7
	OSF Saint Anthony Medical Center	Administ	rator	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General	1	250.00	1
	Other (specify)		250.00	
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Darryl L Vandervort			Date of Receipt
٥.	Mailing Address 403 East First Street			M M / D D / Y Y Y Y
	400 Last I list offeet			11 27 2006
	City	State	Zip Code	Transaction ID: 13436218
	Dixon	<u>IL</u>	61021-3187	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		500.00
	Name of Employer Katherine Shaw Bethea Hos-	Occupation	1	┪
	Katherine Shaw Bethea Hospital		t and Chief Executive Officer	·
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General		500.00	1
	Other (specify) ▼		500.00	
_				
				1000.00
S	UBTOTAL of Receipts This Page (optional)		······	1000.00

S	CHEDULE A (FEC Form 3X)		Llas concrete achadula(a)	FOR LINE NUMBER: PAGE 98 / 150
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
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An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions of solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Terri L. Allen			Date of Receipt
	Mailing Address 1151 East Warrenville F			11 27 2006
	City	State	Zip Code	Transaction ID: 13436225
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		200.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Regional	n Manager	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		300.00	7
	Other (specify) ▼	0 0	300.00	
3.	Full Name (Last, First, Middle Initial) Ms. Elena Butkus			Date of Receipt
	Mailing Address 1151 E. Warrenville Road			11 27 2006
	City	State	Zip Code	Transaction ID: 13436228
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa-	Occupation	n sident, Finance	
	tion Receipt For:		Year-to-Date V	_
	Primary General	7.99.094.0		7
	Other (specify) ▼	0 0	1012.50	
Э.	Full Name (Last, First, Middle Initial) Mr. Mark Deaton			Date of Receipt
	Mailing Address 740 North Hayes			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13436233
	Oak Park	<u> </u>	60302-1706	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		416.70
	Name of Employer Illinois Hospital Associa- tion	Occupation Sr. VP, G	n General Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		675.05	7
	Other (specify)	1	073.03]
s	UBTOTAL of Receipts This Page (optional)			1241.70

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 99 / 150
	EMIZED RECEIPTS		or each category of the	(check only one)
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Δr	y information copied from such Reports and Stateme	ente mav	not he sold or used by any perso	
or	for commercial purposes, other than using the name	and add	ress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
_				
۹.	Full Name (Last, First, Middle Initial) Ms. Nancy DeMarco			Date of Receipt
	Mailing Address 1151 East Warrenville Road	d		M M / D D / Y Y Y Y
				11 27 2006
	,	State	Zip Code	Transaction ID: 13436234
	Naperville I	<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing			625.00
	federal political committee.			
	Illinois Hospital Associa-	ccupation		
	tion		of Development	
		ggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1012.50	
	Cuter (speelity)	0 0		
	Full Name (Last, First, Middle Initial)			
3.	Ms. Lois DeTraglia			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd.			1 1 2 7 2 0 0 6
	City 5	State	Zip Code	Transaction ID: 13436235
		IL	60563-9339	Amount of Each Receipt this Period
	FFC ID number of contribution		1 1 1 1 1 1	
	federal political committee.			208.40
	Name of Employer	agunation		_
	Illinois Hospital Associa-	ccupation irector	Human Resources	
	1011		Year-to-Date ▼	
	Primary General		200.44	
	Other (specify) ▼		333.44	
Э.	Full Name (Last, First, Middle Initial) Mr. Brian Foster			Date of Receipt
	Mailing Address 1151 E. Warrenville Rd.			M M / D D / Y Y Y Y
	PO Box 3015			11 27 2006
	,	State	Zip Code	Transaction ID: 13436236
		<u>IL</u>	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.			416.70
Name of Employer Illinois Hospital Association Occupation Vice Pre				
		.ggregate	Year-to-Date ▼	
			675.06	
		0 0		
	•			
s	UBTOTAL of Receipts This Page (optional))	1250.10
			<u> </u>	
T	OTAL This Period (last nage this line number only)		•	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 100 / 150	
IT	EMIZED RECEIPTS		or each category of the	(check only one) X 11a	
			Detailed Summary Page		17
Ar	ny information copied from such Reports and Statements	ts may	y not be sold or used by any perso	on for the purpose of soliciting contributions	
or	for commercial purposes, other than using the name an	nd add	dress of any political committee to	solicit contributions from such committee.	
	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
_	Full Name (Last, First, Middle Initial)			Data of Baselini	
Α.	Ms. Tamara Lynn Gamrat Mailing Address 1911 Hamilton Street			Date of Receipt	
	Maining Addition 1911 Hammon Street			11 27 2006	
	City Stat	ate	Zip Code	Transaction ID: 13436237	
	Murphysboro IL		62966-1519	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			156.30	
	Name of Employer St. Joseph Memorial Hospi-	upatio	n		
	tal	ninist			
	Receipt For: Aggr Primary General	regate	e Year-to-Date ▼		
	Other (specify)		250.08		
		0			
В.	Full Name (Last, First, Middle Initial) Ms. Ann C. Guild			Date of Receipt	
	Mailing Address 1151 E. Warrenville Rd. PO Box 3015			1 1 2 7 2 0 0 6	
	City Stat	ate	Zip Code	Transaction ID: 13436594	
	Naperville IL		60563-9339	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.			416.70	
	Name of Employer Occu Illinois Hospital Associa-	•		7	
	tion		t Vice President	_	
	Receipt For: Aggr	regate	e Year-to-Date ▼	1	
	Other (specify) ▼		675.05		
_	5 11 1 (1 - 15 - 145 1 - 155				
C.	Full Name (Last, First, Middle Initial) Mr. Ed Holzhauer			Date of Receipt	
	Mailing Address 1755 Maple Lane			1 1 2 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
	City Stat	ate	Zip Code	Transaction ID: 13436598	
	Wheaton IL		60187-3317	Amount of Each Receipt this Period	
	FEC ID number of contributing			600.00	٦
	federal political committee.			000.00	╛
	Central DuPagé Hospital	upatio		7	
	Pres		t e Year-to-Date ▼	_	
	Primary General	regate	e real-lo-Dale V	1	
	Other (specify)		900.00		
		-			
	UPTOTAL (Parklet Till B. 16 till B.			1173.00	7
	UBTOTAL of Receipts This Page (optional)		······		4
Т	OTAL This Period (last page this line number only)				

	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 101 / 150 (check only one)
IT	EMIZED RECEIPTS		or each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
_	Full Name (Last, First, Middle Initial)			
	Ms. Teresa Hursey			Date of Receipt
	Mailing Address 1151 East Warrenville R	load		11 27 2006
	City	State	Zip Code	Transaction ID: 13436599
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa-	Occupation	n sident, Finance	
	tion Receipt For:		Year-to-Date V	-
	Primary General Other (specify) ▼		1012.50	
3.	Full Name (Last, First, Middle Initial) Ms. Susan Kaufman			Date of Receipt
	Mailing Address 1151 E. Warranville Rd.	1 1 2 7 2 0 0 6		
	City	State	Zip Code	Transaction ID: 13436601
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		210.00
	Name of Employer Illinois Hospital Associa-	Occupation	n : Vice President	
	tion Receipt For:		Year-to-Date ▼	-
	Primary General Other (specify) ▼		336.00	
— Э.	Full Name (Last, First, Middle Initial) Ms. Nichole Magalis			Date of Receipt
	Mailing Address 1151 East Warrenville R	load		11 27 2006
	City	State	Zip Code	Transaction ID: 13436603
	Naperville	IL	60563-9339	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.40
	Name of Employer Illinois Hospital Associa-	Occupation	n Government Relations	
	tion Receipt For:	•	Year-to-Date V	-
	Primary General Other (specify) ▼		333.44	
SI	JBTOTAL of Receipts This Page (optional)			1043.40
т	OTAL This Period (last page this line number or	ılv)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 102 / 150 (check only one) X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{\rangle}$	NAME OF COMMITTEE (In Full) American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Ms. Patricia Merryweather-Arges Mailing Address 1151 E. Warrenville Roa PO Box 3015			Date of Receipt 1 1 2 7 2 0 0 6
	City Naperville	State II	Zip Code	Transaction ID: 13436604
	FEC ID number of contributing federal political committee.	C	60563-9339	Amount of Each Receipt this Period 625.00
	Name of Employer Illinois Hospital Association Receipt For: ☐ Primary ☐ General Other (specify) ▼	Occupation Vice Pres Aggregate		
3.	Full Name (Last, First, Middle Initial) Mr. Howard A. Peters, III Mailing Address 4109 Southwoods Road			Date of Receipt 1 1 2 7 2 0 0 6
	City State Zip Code			Transaction ID: 13436607
	Springfield	IL	62707-6070	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa-	Occupation	n ice President	
	tion Receipt For:		e Year-to-Date V	-
	Primary General Other (specify) ▼	33.73	1012.50	
 C.	Full Name (Last, First, Middle Initial) Mr. John J. Raleigh			Date of Receipt
	Mailing Address 1141 East Warrenville R	oad		1 1 2 7 2 0 0 6
	City	State	Zip Code	Transaction ID: 13436609
	Naperville	<u>IL</u>	60563-1493	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		625.00
	Name of Employer Illinois Hospital Associa- tion	Occupation Vice Pres		
	Receipt For: Primary General Other (specify)	Aggregate	e Year-to-Date ▼ 625.00	
S	UBTOTAL of Receipts This Page (optional)			1875.00
т	OTAL This Period (last page this line number on	ılv)		

SCHEDULE A (FEC Form 3X)

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 103 / 150
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may name and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Kenneth C. Robbins			Date of Receipt
	Mailing Address 1531 Maria Court			111 27 2006
	City	State	Zip Code	Transaction ID: 13436612
	Wheaton	IL	60187-3777	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		625.00
	Name of Employer Illinois Hospital Associa- tion	Occupation President		
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		1012.50	
	Full Name (Last, First, Middle Initial)			
3.	Mr. Rann Folsom			Date of Receipt
	Mailing Address 2281 US Highway 41 S	11 27 2006		
	City	State	Zip Code	Transaction ID: 13442591
	Cordele	GA	31015-7501	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Crisp Regional Hospital	Occupation Trustee	1	
	Receipt For:		Year-to-Date ▼	
	Primary General	1 99 19 11		1
	Other (specify) ▼	0 0	250.00	
) .	Full Name (Last, First, Middle Initial) Mr. Kirk Wilson			Date of Receipt
	Mailing Address 3010 Woodvale Ct			M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 13442621
	Alpharetta	GA	30022-1919	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		250.00
	Name of Employer Saint Joseph's Hospital of Atlanta	Occupation CEO	١	
	Receipt For:	Aggregate	Year-to-Date ▼	7
	Primary General	1	250.00	1
	Other (specify) ▼	0 0		
s	UBTOTAL of Receipts This Page (optional)			1125.00
T	OTAL This Period (last page this line number or	nly)		

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS		Use separate schedule(s) or each category of the	FOR LINE NUMBER: PAGE 104 / 150 (check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Barbara Filliung			Date of Receipt
	Mailing Address 1013 59th Street			11 27 2006
	City	State II	Zip Code	Transaction ID: 13481259
	Lisle FFC ID number of contribution		60532-3122	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		208.40
	Name of Employer Illinois Hospital Associa- tion	Occupation Director,	n Government Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		333.44	
 3.	Full Name (Last, First, Middle Initial) Holbrook & Osborn, PA			Date of Receipt
	Mailing Address 7400 West 110th Street	Suite 600		10 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City	State	Zip Code	Transaction ID: 14165876
	Overland Park	KS	66210-2360	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		0.00
	Name of Employer Holbrook & Osborn, P.A.	Occupation	ו	
	Receipt For:	Aggregate	Year-to-Date ▼	[MEMO ITEM]
	Primary General Other (specify) ▼		0.00	Refund(s) on Schedule B Totaling \$500.00 This changes the YTD Total to \$0
) .	Full Name (Last, First, Middle Initial) Katie Vaughan			Date of Receipt
	Mailing Address 506 A East Howell Aven	ue		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1034595118007
	Alexandria	VA	22301	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt	Associate	e Director • Year-to-Date ▼	4
	Receipt For: Primary General	Aggregate		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	490.00	Weekly)
SI	JBTOTAL of Receipts This Page (optional)			268.40
т	OTAL This Period (last page this line number or	ıly)		

S	CHEDULE A (FEC Form 3X)		l la a a su avata a a la advila (a)	FOR LINE NUMBER: PAGE 105 / 150
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
11	EINIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
Ar or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any person dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Melinda Reid Hatton			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1045726218007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation VP & Chi	n ief Washington Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$50.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Barbara Jellen			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1113464218007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Section [
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$12.50 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Sohini Jindal			Date of Receipt
	Mailing Address 325 Seventh Street, NW	V		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR1125613618007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior A	n ssociate Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			210.00
Ť				
T	OTAL This Period (last page this line number of	only)		

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 106 / 150
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may lame and add	/ not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Mary Meadows			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR1260472918007
	Chicago	<u>IL</u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		41.67
	Name of Employer American Organization of Nurse Executi	Occupation Director	n of Professional Practice	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	222.24	P/R Deduction (\$13.89 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Lindsay Mac Robinson			Date of Receipt
	Mailing Address 107 East Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327727318007
	<u>Lake Barrington</u>	<u>IL</u>	60010-1939	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, PMGs	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	1 1	960.00	P/R Deduction (\$50.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Ms. Deborah F. Weiner			Date of Receipt
	Mailing Address 11004 Petersborough			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327745918007
	Rockville	MD	20852-3249	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director,	n Grassroots Advocacy	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	960.00	P/R Deduction (\$50.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			281.67
_				
_T(OTAL This Period (last page this line number or	nıy)	.	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 107 / 150
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Suzanne R. Sonik			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777218007
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Director,	n Long-Term Care	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$12.50 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Debra J. Stock			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327777818007
	Chicago	<u> </u>	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Vice Pres	n sident, Member Relations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. Neil J. Jesuele			Date of Receipt
	Mailing Address 1003 Kimberly Place			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327801718007
	Great Falls	VA	22066-1546	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Vice President	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	P/R Deduction (\$25.00 Bi-
	Other (specify) ▼		480.00	Weekly)
s	UBTOTAL of Receipts This Page (optional)			120.00
т.	OTAL This Period (last page this line number o	nlv)		
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S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 108 / 150
	EMIZED RECEIPTS		or each category of the	(check only one)
•			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and St	atements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Pamela Austin Thompson, RN, MSN			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	l .		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327812018007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Organization of Nurse Executi	Occupation		
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$40.00 Bi- Weekly)
— В.	Full Name (Last, First, Middle Initial) Ms. Ellen A. Pryga			Date of Receipt
	Mailing Address 2401 Calvert Street, NW Apt. 1008			M ' M / D ' D / Y ' Y ' Y ' Y
	City State Zip Code			Transaction ID: PR327851918007
	Washington	DC	20008-2614	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa-	Occupation Director.	n Policy Development	
	tion-Washingt Receipt For:		e Year-to-Date ▼	
	Primary General		400.00	P/R Deduction (\$25.00 Bi-
	Other (specify)	0 0	480.00	Weekly)
c.	Full Name (Last, First, Middle Initial) Mr. Mark Seklecki			Date of Receipt
	Mailing Address 325 Seventh Street, NV Suite 700	I		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327858018007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Executive	n e Director, AHAPAC	
			e Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)
s	LUBTOTAL of Receipts This Page (optional)			240.00
\vdash	OTAL This Period (last page this line number of		·	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 109 / 150
			Use separate schedule(s) or each category of the	(check only one)
H	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, 0	13 14 15 16 17
An or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may	y not be sold or used by any perso	on for the purpose of soliciting contributions
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. John F. Barry			Date of Receipt
	Mailing Address One North Franklin			M M M / D D / Y Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327877818007
	Millis	MA	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		124.98
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General Other (specify) ▼		999.84	P/R Deduction (\$43.49 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Richard J. Davidson			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR327942118007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt	Presiden	-	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		960.00	P/R Deduction (\$40.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. James Henderson			Date of Receipt
	Mailing Address One North Franklin Stree	et		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328094118007
	Chicago	IL	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago		orate Counsel	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary ☐ General Other (specify) ▼		240.00	P/R Deduction (\$12.50 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			274.98
			<u> </u>	
T	OTAL This Period (last page this line number on	ly)	>	

	CHEDULE A (FEC Form 3X) EMIZED RECEIPTS	Use separate schedule(s) or each category of the Detailed Summary Page	(check only one) X 11a 11b 11c 12
	winformation and formation by the Charles and Charles	,	13 14 15 16 17
or	ny information copied from such Reports and Statements more for commercial purposes, other than using the name and a	ddress of any political committee to s	solicit contributions from such committee.
\rangle	NAME OF COMMITTEE (In Full) American Hospital Association PAC		
Α.	Full Name (Last, First, Middle Initial) Ms. Barbara Lorsbach		Date of Receipt
	Mailing Address 204 South 7th Avenue		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR328136918007
	<u>La Grange</u> IL	60525-6406	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		120.00
	tion onloago	President, Member Relations	
	Receipt For: Primary General Other (specify) ▼ Aggrega	te Year-to-Date ▼ 960.00	P/R Deduction (\$50.00 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Donna J. Melkonian		Date of Receipt
	Mailing Address 5545 N. Wayne		M " M / D " D / Y " Y " Y " Y
	City State Chicago IL	Zip Code 60640-1318	Transaction ID: PR328223818007
	FECULE as well as of a satisfaction	00040-1310	Amount of Each Receipt this Period 60.00
	federal political committee.		00.00
	Name of Employer American Hospital Associa- tion Chicago Vice Pre		
	tion-Chicago	te Year-to-Date ▼	-
	Primary General Other (specify) ▼	480.00	P/R Deduction (\$25.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Calbreith L. Simpson		Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700		M M / D D / Y Y Y Y
	City State	Zip Code	Transaction ID: PR328224818007
	Washington DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.		120.00
	Name of Employer American Hospital Association-Washingt Occupation Regionation	on al Executive	
		te Year-to-Date ▼	
	Primary General Other (specify) ▼	960.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		300.00
Т	OTAL This Period (last page this line number only)	>	

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 111 / 150
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
				13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the r	atements may name and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Dr. James D. Bentley, Ph.D.			Date of Receipt
	Mailing Address 13106 Vingle Lane			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328224918007
	Silver Spring	MD	20906	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa-	Occupation Sr. Vice	n President	
	tion-Washingt Receipt For:	1	e Year-to-Date ▼	
	Primary General			P/R Deduction (\$50.00 Bi-
	Other (specify) ▼		960.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Ronald O. Purcell			Date of Receipt
	Mailing Address 1093 N. Faldo Way			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328241418007
	Eagle	ID	83616-5369	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		83.34
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago	<u> </u>	Executive	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		444.48	P/R Deduction (\$27.78 Bi- Weekly)
).	Full Name (Last, First, Middle Initial) Mr. Richard J. Pollack			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	I		M " M / D " D / Y " Y " Y " Y
	City	State	Zip Code	Transaction ID: PR328260918007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		240.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Washingt	-	e Vice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		1920.00	P/R Deduction (\$40.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			443.34
	, -5- (-1 6)			
T	OTAL This Period (last page this line number o	nly))	

S	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 112 / 150
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	itements may ame and add	not be sold or used by any perso dress of any political committee to	n for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Richard H. Wade			Date of Receipt
	Mailing Address 1221 Cavalier Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328310418007
	Arnold	MD	21012-2126	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Sr. Vice I	n President, Communications	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$50.00 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Stephen M. Ahnen			Date of Receipt
-	Mailing Address 1001 N. Potomac St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328312718007
	Arlington	VA	22205-1629	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior Vi	n ce President	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$50.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Ms. Lori M. Schor			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328341818007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Director.	n Political Action & Grassroot	
	Receipt For:	·	Year-to-Date ▼	
	Primary General Other (specify) ▼		960.00	P/R Deduction (\$40.00 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)		_	360.00
			•	
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 113 / 150
TEMIZED RECEIPTS			or each category of the	(check only one)
••	LIVIIZED RECEIP 13		Detailed Summary Page	X 11a 11b 11c 12
Λ	winformation and them and Oto			13 14 15 16 17
or	y information copied from such Reports and Sta for commercial purposes, other than using the n	ame and add	rnot be sold or used by any persor dress of any political committee to s	solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Carolyn Forcina			Date of Receipt
	Mailing Address 200 Clover Hill Court			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328511818007
	Yardley	PA	19067-5736	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		142.80
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Chicago		Executive	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		866.40	P/R Deduction (\$47.60 Bi- Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Alicia N. Mitchell			Date of Receipt
	Mailing Address 909 N. Madison St.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR328512018007
	Arlington	VA	22205-1655	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		sident, Media Relations	_
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify) ▼		480.00	P/R Deduction (\$20.00 Bi- Weekly)
`	Full Name (Last, First, Middle Initial) Ms. Rebecca Chickey			Date of Receipt
٠.	Mailing Address AHA			M M / D D / Y Y Y Y
	One North Franklin Stre	et		
	City	State	Zip Code	Transaction ID: PR329013418007
	Chicago	<u>IL</u>	60606	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation		7
	tion-Chicago		Psychiatric and Substance A	b
	Receipt For:	Aggregate	e Year-to-Date ▼	<u> </u>
	Primary ☐ General Other (specify) ▼		480.00	P/R Deduction (\$25.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)		>	262.80
			<u>.</u>	
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 114 / 150	
	EMIZED RECEIPTS		or each category of the	(check only one)	
••	EMIZED REGEN 10		Detailed Summary Page	X 11a 11b 11c 12 15 16 17	
Δr	ny information copied from such Reports and St	atomonte may	y not be sold or used by any perso		
or	for commercial purposes, other than using the	name and add	dress of any political committee to	solicit contributions from such committee.	
\setminus	NAME OF COMMITTEE (In Full)				
	American Hospital Association PAC				
Α.				Date of Receipt	
	Mailing Address 1905 Christopher Place	•		M M / D D / Y Y Y Y	
	City	State	Zip Code	Transaction ID: PR329071318007	
	Harrisburg	<u>PA</u>	17110-3573	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		180.00	
	Name of Employer American Hospital Associa- tion	Occupation President	n t, Center for Healthcare Gov	er	
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		900.00	P/R Deduction (\$60.00 Bi- Weekly)	
В.	Full Name (Last, First, Middle Initial) Mr. W. Thomas Deweese			Date of Receipt	
	Mailing Address 500 Interstate Boulevar	Mailing Address 500 Interstate Boulevard South			
	City	State	Zip Code	Transaction ID: PR329215718007	
	Nashville	<u>TN</u>	37210-4634	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	С		120.00	
	Name of Employer American Hospital Associa-	Occupation			
	tion-Chicago		Executive	_	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D - I - I' (\$50.00 D'	
	Other (specify) ▼		960.00	P/R Deduction (\$50.00 Bi- Weekly)	
<u>с.</u>	Full Name (Last, First, Middle Initial) Mr. John Evans			Date of Receipt	
	Mailing Address One North Franklin Stre	eet		M ' M / D ' D / Y ' Y ' Y ' Y	
	City	State	Zip Code	Transaction ID: PR329342618007	
	Chicago	IL	60606	Amount of Each Receipt this Period	
	FEC ID number of contributing federal political committee.	C		30.00	
	Name of Employer American Hospital Associa- tion-Chicago	Occupation CFO	1		
	Receipt For:	Aggregate	Year-to-Date ▼		
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$12.50 Bi- Weekly)	
s	UBTOTAL of Receipts This Page (optional)			330.00	
\vdash			·		
ΙT	OTAL This Period (last page this line number of	nly)			

~				FOR LINE NUMBER: PAGE 115 / 150
5(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	(check only one)
IT	EMIZED RECEIPTS		or each category of the	X 11a 11b 11c 12
			Detailed Summary Page	13 14 15 16 17
۸	winformation and draw and Demants and Chat			
or	y information copied from such Reports and Stat for commercial purposes, other than using the na	ements may ame and add	rnot be sold or used by any perso dress of any political committee to	solicit contributions from such committee.
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Audrey L. Harris			Date of Receipt
	Mailing Address 1136 W. Farwel Unit 1W			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR329654218007
	Chicago	IL	60626-3861	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation	n e Director, ASDVS	
	tion-Chicago Receipt For:		e Year-to-Date ▼	-
	Primary General	33 -3		P/R Deduction (\$12.50 Bi-
	Other (specify) ▼	0 0	240.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Tama Mattocks			Date of Receipt
	Mailing Address 1201 Pennsylvania Ave, 5th Floor	NW		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330273418007
	Washington	DC	20004-2401	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer	Occupation	n	7
	Strategic Health Care	Senior Vi	ice President	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	480.00	P/R Deduction (\$20.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Patricia Meersman			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330343318007
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing		1 1 1 1 1 1	
	federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Chicago		e Services Director	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼	0 0	240.00	P/R Deduction (\$10.00 Bi- Weekly)
SI	JBTOTAL of Receipts This Page (optional)			120.00
T	OTAL This Period (last page this line number on	ly)	>	

SC	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 116 / 150
			Use separate schedule(s) or each category of the	(check only one)
11	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			, ,	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the na	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۸.	Full Name (Last, First, Middle Initial) Mr. Paul N. Muraca			Date of Receipt
	Mailing Address 4960 138th Circle West			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330475418007
	Apple Valley	MN	55124-9229	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		120.00
	Name of Employer American Hospital Associa- tion-Chicago	Occupation Regional	n Executive	
	Receipt For:		e Year-to-Date ▼	
	Primary General		000.00	P/R Deduction (\$40.00 Bi-
	Other (specify)		960.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Ms. Jennifer E. Mallard			Date of Receipt
	Mailing Address 6109 North 9th Road			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330534318007
	Arlington	VA	22205-1609	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ciate Director	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		480.00	P/R Deduction (\$25.00 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Gene O'Dell			Date of Receipt
	Mailing Address 530 North Lakeshore Dri Unit 2303	ve		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330547718007
	Chicago	<u>IL</u>	60611-7424	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		60.00
	Name of Employer	Occupation	n	7
	American Hospital Associa- tion-Chicago	Vice Pres	sident, Strategic Planning	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		480.00	P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0		Weekly)
SI	JBTOTAL of Receipts This Page (optional)			240.00
_	OTAL This Period (last page this line number or	al. A	_	

2	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 117 / 150
			Use separate schedule(s) or each category of the	(check only one)
IT	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			Detailed Guillinary Fage	13 14 15 16 17
An	y information copied from such Reports and Sta	tements may	y not be sold or used by any perso	n for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Eileen O'Keefe			Date of Receipt
	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330549218007
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation Vice Pres	n sident, Member Relations	
	tion-Chicago Receipt For:		e Year-to-Date ▼	7
	Primary General	33 3		P/R Deduction (\$20.00 Bi-
	Other (specify) ▼	0 0	480.00	Weekly)
3.	Full Name (Last, First, Middle Initial) Mr. Walter J. Reiter			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR330776118007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		65.22
	Name of Employer American Hospital Associa-	Occupation	n	1
	tion-Washingt	1	ocacy & Member Communic	ations
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		456.54	P/R Deduction (\$21.74 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Darlene S. Vanderbush			Date of Receipt
	Mailing Address 26 West Glendale Ave.			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331304218007
	Alexandria	VA	22301-1101	Amount of Each Receipt this Period
	FEC ID number of contributing			30.00
	federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		Advocacy and Public Policy (<u> </u>
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	
	Other (specify)		240.00	P/R Deduction (\$19.24 Bi- Weekly)
S	UBTOTAL of Receipts This Page (optional)			155.22
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T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 118 / 150
	EMIZED RECEIPTS		or each category of the	(check only one)
••			Detailed Summary Page	X 11a 11b 11c 12 15 16 17
Ar	y information copied from such Reports and Sta	tements may	not be sold or used by any perso	on for the purpose of soliciting contributions
or	for commercial purposes, other than using the n	ame and add	dress of any political committee to	solicit contributions from such committee.
\setminus	NAME OF COMMITTEE (In Full)			
	American Hospital Association PAC			
A.	Full Name (Last, First, Middle Initial) Ms. Jo Ann Webb			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331379118007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		44.13
	Name of Employer American Organization of Nurse Executi	Occupation Director,	n Federal Relations & Policy	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		220.65	P/R Deduction (\$12.50 Bi- Weekly)
В.	Full Name (Last, First, Middle Initial) Ms. Judy Weinsheimer			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City State Zip Code			Transaction ID: PR331386918007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer American Hospital Associa-	Occupation		
	tion-Washingt		ssociate Director	
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D . I i' /040 F0 D'
	Other (specify) ▼		240.00	P/R Deduction (\$12.50 Bi- Weekly)
<u> </u>	Full Name (Last, First, Middle Initial) Mr. Alexander R. White, Jr.			Date of Receipt
	Mailing Address PO Box 15587			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331416018007
	Austin	TX	78761-5587	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		124.98
	Name of Employer American Hospital Associa- tion	Occupation AHA Reg	n ional Executive for TX	
	Receipt For:	Aggregate	Year-to-Date ▼	
	Primary General Other (specify) ▼		999.84	P/R Deduction (\$60.00 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			199.11
H	OTAL This Period (last page this line number or		·	

SI	CHEDULE A (FEC Form 3X)			FOR LINE NUMBER: PAGE 119 / 150
			Use separate schedule(s) or each category of the	(check only one)
П	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
			1, 19	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	not be sold or used by any person dress of any political committee to s	for the purpose of soliciting contributions olicit contributions from such committee.
_	NAME OF COMMITTEE (In Full)		, , , , , , , , , , , , , , , , , , , ,	
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Mr. Donald May			Date of Receipt
	Mailing Address 521 Great Falls Street			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR331533218007
	Falls Church	VA	22046-2613	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		120.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Vice Pres	n sident, Policy	
	Receipt For:	4	e Year-to-Date ▼	
	Primary General Other (specify) ▼		940.00	P/R Deduction (\$40.00 Bi- Weekly)
	Full Name (Last, First, Middle Initial) Ms. Elizabeth Summy			Date of Receipt
-	Mailing Address One North Franklin			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR346168118007
	Chicago	IL	60606-3436	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		31.23
	Name of Employer American Hospital Associa-	Occupation	n e Director, ASHRM	
	tion-Chicago Receipt For:		e Year-to-Date ▼	1
	Primary General Other (specify) ▼	, igg. ega.c	249.84	P/R Deduction (\$20.83 Bi- Weekly)
Э.	Full Name (Last, First, Middle Initial) Ms. Kristin Welsh			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700	1		M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR517619718007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		60.00
	Name of Employer American Hospital Associa-	Occupation]
	tion-Washingt		rector Executive Branch Rela	t -
	Receipt For: Primary General	Aggregate	e Year-to-Date ▼	D/D D
	Other (specify) ▼	0 0	480.00	P/R Deduction (\$39.20 Bi- Weekly)
s	UBTOTAL of Receipts This Page (optional)			211.23
			` _	
T	OTAL This Period (last page this line number or	nly)	>	

S	CHEDULE A (FEC Form 3X)		11	FOR LINE NUMBER: PAGE 120 / 150
	EMIZED RECEIPTS		Use separate schedule(s) or each category of the	(check only one)
	EMIZED RECEIPTS		Detailed Summary Page	X 11a 11b 11c 12
Δ	information and formation Bounds and Ob-		and the sould assess at the consequence	13 14 15 16 17
An or	y information copied from such Reports and Sta for commercial purposes, other than using the n	tements may ame and add	y not be sold or used by any perso dress of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
$\overline{}$	NAME OF COMMITTEE (In Full)			
\rangle	American Hospital Association PAC			
۹.	Full Name (Last, First, Middle Initial) Ms. Rochelle M. Archuleta			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR801366318007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa- tion-Washingt	Occupation Senior As	n ssociate Dir. Policy Developr	m e
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General Other (specify) ▼		240.00	P/R Deduction (\$10.00 Bi- Weekly)
	Other (specify)	0 0	0 0 0 0 0 0 0	- Wookiy)
3.	Full Name (Last, First, Middle Initial) Ms. Lisa Kidder			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR876637218007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	С		30.00
	Name of Employer American Hospital Associa-	Occupation	n ssociate Director	
	tion-Washingt Receipt For:		e Year-to-Date ∇	-
	Primary General	7.99.094.0		P/R Deduction (\$10.00 Bi-
	Other (specify) ▼	0 0	240.00	Weekly)
) .	Full Name (Last, First, Middle Initial) Ms. Sheila R. Meadows			Date of Receipt
	Mailing Address 325 Seventh Street, NW Suite 700			M M / D D / Y Y Y Y
	City	State	Zip Code	Transaction ID: PR936292318007
	Washington	DC	20004-2818	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		30.00
	Name of Employer American Hospital Associa-	Occupation	n	7
	tion-Washingt	Director of	of Operations	
	Receipt For:	Aggregate	e Year-to-Date ▼	
	Primary General		240.00	P/R Deduction (\$10.00 Bi-
	Other (specify)		2 10.00	Weekly)
S	UBTOTAL of Receipts This Page (optional)			90.00
			•	
T	OTAL This Period (last page this line number or	nly)		

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 121 / 150 Use separate schedule(s) (check only one) or each category of the 11a 11b 11c Detailed Summary Page 13 14 16 17 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) American Hospital Association PAC Full Name (Last, First, Middle Initial) A. Mr. David A. Strickland Date of Receipt Mailing Address One N. Franklin Street M M / D D City Zip Code State Transaction ID: PR939603918007 Chicago IL 60606 Amount of Each Receipt this Period FEC ID number of contributing C 30.00 federal political committee. Name of Employer American Organization of Nurse Executi Occupation **Director of Operations** Aggregate Year-to-Date ▼ Receipt For: Primary General P/R Deduction (\$12.50 Bi-Weekly) 240.00 Other (specify)

SUBTOTAL of Receipts This Page (optional)	•	30.00
TOTAL This Period (last page this line number only)	<u> </u>	98764.85

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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS			Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 122 / 150 (check only one) 11a 11b 11c 12 13 14 X 15 16 17
				n for the purpose of soliciting contributions solicit contributions from such committee.
\	OF COMMITTEE (In Full) can Hospital Association PAC			
SRH M	me (Last, First, Middle Initial) edia Address 2204 Countryside Drive			Date of Receipt 1 1 1 1 7 2 0 0 6
City		State	Zip Code	Transaction ID: 13420500
Silver	Spring	MD	20905	Amount of Each Receipt this Period
	number of contributing political committee.	С		29000.00
Name o	of Employer	Occupation	1	
	rimary General other (specify) ▼	Aggregate	Year-to-Date ▼ 29000.00	Refund of H. Wilson IE ca- ncelled

SUBTOTAL of Receipts This Page (optional)	•	29000.00
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SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS	Use separate s or each categor Detailed Summ	y of the `	FOR LINE NUMBER: PAGE 123 / 150 (check only one) 11a 11b 11c 12 13 14 15 16 17 17
Any information copied from such Reports and Sor for commercial purposes, other than using the			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) Citibank, F.S.B. Mailing Address 1400 G Street, NW City	State Zip Code		Date of Receipt M
Washington FEC ID number of contributing federal political committee. Name of Employer	DC 20005 C Occupation		Amount of Each Receipt this Period 378.77
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	3449.49	Bank Interest

SUBTOTAL of Receipts This Page (optional)	•	378.77
TOTAL This Period (last page this line number only)	•	378.77

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)		R LINE NUMBER: PAGE 124 / 1					24 / 150	
ITEMIZED DISBURSEMENTS	for each category of the		eck only 21b	y one) T 22	П 2	з Г	7 24	☐ 25	5 🔲 26
	Detailed Summary Page		27	28a		8b	280		
Any Information copied from such Reports and State or for commercial purposes, other than using the na									
NAME OF COMMITTEE (In Full)	a aaa. ooo o. a, pomioa							-	
American Hospital Association PAC									
Full Name (Last, First, Middle Initial) A. Newtek Merchant Services				Trans				241	
				М	M /	oursem	/ [Y Y Y	YY
Mailing Address 462 Seventh Avenue 14th Floor				1 0		19		žoč	0 6
City New York	State Zip Code NY 10018			Amou	nt of E	Each D	isburs	ement thi	is Period
Purpose of Disbursement Bank Fee		001						22	5.00
Candidate Name		Catego	ory/						
Senate President	sement For: Primary General Other (specify) ▼	1 71		Bank	Fee				
State: District:									
Full Name (Last, First, Middle Initial) B. SRH Media				Trans Date o		n ID: 1 oursem		931	
Mailing Address 2204 Countryside Drive	1			1 ^M 0	M /	23) /	žoč	Ď 6 [°]
City Silver Spring	State Zip Code MD 20905			Amou	nt of E	Each D	isburs	ement thi	is Period
Purpose of Disbursement Independent Expediture cancelled, see li		004						2900	0.00
Candidate Name		Catego	ory/						
Office Sought: House Senate President State: District:	sement For: Primary General Other (specify) ▼	1 .,,,,		Indepe	endei d, se	nt Exp e line	editu 15.	re ca-	
Full Name (Last, First, Middle Initial)				Trans				190	
					of Disk	oursem 0 3		Ý ŽO	Y Y
Mailing Address 1601 Elm Street				1 1		0.0		200	0.0
City Dallas	State Zip Code TX 75201			Amou	nt of E	Each D	isburs	ement thi	
Purpose of Disbursement Bank Fee		001			_			8	0.03
Candidate Name		Catego	ory/						
Senate President	sement For: Primary General Other (specify) ▼			Bank	Fee				
State: District:									
SUBTOTAL of Disbursements This Page (optional)	<u></u>	<u> </u>					2930	5.03
TOTAL This Period (last page this line number onl	y)		<u> </u>						

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П	EMIZED DISBURSEMENTS		category of the Summary Page		X	_		22 28a		23 28b		24 28c	25 29	26 30l
	y Information copied from such Reports and State													
or	for commercial purposes, other than using the na NAME OF COMMITTEE (In Full)	me and addres	ss of any political	com	ım	ittee to	SOIIC	it contr	TUDUT	ions tr	om s	such cor	nmittee	
$ \rangle$	American Hospital Association PAC													
\angle	·													
Α.	Full Name (Last, First, Middle Initial) American Express									on ID:	_	443194 nt	Į.	
	Mailing Address Ste. 001							1 1	М	[/] DC) 6	/ Y	ž 0 ŏ	6 ^Y
	City Chicago	State IL	Zip Code 60679					Amou	int o	f Each	n Disl	bursem	ent this	Period
	Purpose of Disbursement Bank Fee					01							7.	.75
	Candidate Name					gory/ pe								
	Office Sought: House Disbur Senate President State: District:	Primary Other (spec	General					Bank	Fee)				
_	Full Name (Last, First, Middle Initial)							Trans	acti	on ID	. 134	44319	 I	
В.	Merchant Bankcard							Date	of D	isburs	emer			V
	Mailing Address 1601 Elm Street							1 1	М	[′] □ C) 6	/ L	žoŏ	6 [*]
	City Dallas	State TX	Zip Code 75201					Amou	int o	f Each	n Disl	bursem	ent this	Period
	Purpose of Disbursement Bank Fee				00	01			_				98.	.02
	Candidate Name			Ca	ate	gory/ pe								
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	State: District: Full Name (Last, First, Middle Initial)							_			40	440404		
C.	Citibank, F.S.B.									isburs		443192 nt	<u> </u>	
	Mailing Address 1400 G Street, NW							1 1	М	[/] 2	20	/ Y	žoŏ	6 ^Y
	City Washington	State DC	Zip Code 20005					Amou	int o	f Each	n Disl	bursem	ent this	Period
	Purpose of Disbursement Bank Fee			Г	00	01	1		_	_			78.	.02
	Candidate Name			Ca	ate	gory/ pe								
	Office Sought: House Disbur Senate President State: District:	Primary Other (spec	General cify) ▼					Bank	Fee)				
Г	I								-		-		183.	70
L s	UBTOTAL of Disbursements This Page (optiona	<u>)</u>				•	-	\vdash	•	-				
т	OTAL This Period (last page this line number onl	y)				•	•	L.				2	9488.	82

SCILDOLL B (I LCI OIIII 3X)	Use seperate scriedule(s) (chor				PAGE	126 /	150
TEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check on 21b 27	22 X 28a	23 28b	24 28c	25 29	26 30b
Any Information copied from such Reports and Statem or for commercial purposes, other than using the name							•
NAME OF COMMITTEE (In Full)	and address of any political CC	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	mon continuu		Judit GUITII		
American Hospital Association PAC							
Full Name (Last, First, Middle Initial)				tion ID: 133			
McCrery For Congress Committee			Date of D	Disbursemer		γ γ	Υ
Mailing Address Post Office Box 52956			1 0	20	2	0 Ď 6	
	State Zip Code LA 71135		Amount	of Each Disl	bursemen	t this Pe	eriod
Purpose of Disbursement	LA 71133				Ę	5000.0	0
Contribution		011					
Candidate Name Rep. Jim McCrery		Category/ Type					
Senate President	ment For: 2006 Primary X General Other (specify) ▼		Contribu	ıtion			
State: LA District: 4 Full Name (Last, First, Middle Initial)			_	100	70005		
3. Castle Campaign Fund				tion ID: 133 Disbursemer			
Mailing Address PO Box 133			10	^D 20	/ Y 2	0 ŏ 6	Y
,	State Zip Code DE 19899		Amount	of Each Disl	bursemen	t this Pe	eriod
Purpose of Disbursement	Г	011	L		2	2000.0	0
Contribution Candidate Name Rep. Michael N. Castle		011 Category/ Type					
Senate President	ment For: 2006 Primary X General Other (specify)		Contribu	ıtion			
State: DE District: 1							
Full Name (Last, First, Middle Initial) National Leadership PAC				tion ID: 133 Disbursemer			
Mailing Address 635 B Pennsylvania Ave.			10	^D 20	/ Y 2	0 0 6	Y
,	State Zip Code DC 20005		Amount	of Each Disl	bursemen	t this Pe	eriod
Purpose of Disbursement 2006 Contribution		011	L		3	3000.0	0
Candidate Name		Category/ Type					
Office Sought: House Disburse Senate President State: District:	ment For: Primary General Other (specify)		2006 Cc	ontribution			
SUBTOTAL of Disbursements This Page (optional) .		•			10	000.0	0
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	CHEDULE B (FEC Form 3X)		perate schedule(s)			-	LINE NUMBER: PAGE				AGE	127	/ 150		
	EMIZED DISBURSEMENTS	Detailed	category of the Summary Page		È	21b 27	Á	22 28a	X	23 28b		24 28c		25 29	20
	y Information copied from such Reports and State for commercial purposes, other than using the nar														IS
abla	NAME OF COMMITTEE (In Full)														
$ \rangle$	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Porter For Congress							Frans Date o			-		662		
	Mailing Address PO Box 26087							1 ^M 0	М	D	20] ′ [ÝŽ	0 0	3 Y
	City Las Vegas	State NV	Zip Code 89126					Amou	nt of	Eac	h Di	sburs	emer	nt this	Period
	Purpose of Disbursement Contribution			Г	0	11			_				į	5000.	00
	Candidate Name Rep. Jon C. Porter			С		gory/ pe									
	Office Sought: X House Senate President State: NV District: 3	Primary Other (sp	2006 X General ecify) ▼				C	Contri	but	ion					
В.	Full Name (Last, First, Middle Initial) New Democrat Coalition Political Action (Mailing Address 607 14th Street NW Su							Trans Date o		sbur	seme			(o ŏ (6 ^Y
	City Washington	State DC	Zip Code 20005					Amou	nt of	Eac	h Di	sburs	emer	nt this	Period
	Purpose of Disbursement 2006 Contribution Candidate Name			C		11 egory/		<u>.</u>	•	•	•		į	5000.	00
	Office Sought: Senate President State: Disburs	Primary Other (sp	General ecify) ▼			-	2	2006	Cor	ntrib	utio	n			
C.	Full Name (Last, First, Middle Initial) Norwood For Congress							Γrans Date α					819		
	Mailing Address PO Box 499							1 ^M 0	М	D	2 3	/	Y 2	o ŏ	3 Y
	City Evans	State GA	Zip Code 30809					Amou	nt of	Eac	h Di	sburs	-	-	Period
	Purpose of Disbursement Contribution				_	11			_		•	•	Ž	2000.	00
	Candidate Name Rep. Charles W. Norwood	sement For:	2006	C		gory/ pe									
	Office Sought: X House Senate President State: GA District: 10	Primary Other (sp	X General				C	Contri	but	ion					
s	UBTOTAL of Disbursements This Page (optional)				•		Ĺ					12	000.	00
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	CHEDULE B (FEC Form 3X)		erate schedule(s) category of the				INE NUMBER: PA				PAGE	128	/ 150			
-	EMIZED DISBURSEMENTS		Summary Page			21b 27	È	22 28a	Х	23 28		24 28		25 29		26 30b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														IS	
abla	NAME OF COMMITTEE (In Full)															
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) McNulty For Congress							Trans Date					3673			
	Mailing Address P.O. Box 1560							1 ^M 0	М	′	^D 2;	^D /	Y	ž 0 Ŏ	3 Y	
	City Green Island	State NY	Zip Code 12183					Amou	unt c	of Ea	ach [Disbui	rseme	nt this	Period	t
	Purpose of Disbursement Contribution				0	11		L.		-				2000.	00	_
	Candidate Name Rep. Michael R. McNulty			С		egory/ vpe										
	Senate President	ement For: Primary Other (spe	2006 X General ecify) ▼					Conti	ribu	tior	1					
В.	State: NY District: 21 Full Name (Last, First, Middle Initial)							Trans	sact	ion	ID: 1	1337	5865			
Ь.	Goode For Congress Mailing Address 235 South Main Street							Date 1 0	М)isbu		D /	Y	ž 0 0 (3 Y	
	Mailing Address 235 South Main Street															
	City Rocky Mount	State VA	Zip Code 24151					Amou	unt c	of Ea	ach [Disbui		nt this		k T
	Purpose of Disbursement Contribution				0	11		L.						1000.	00	_
	Candidate Name Rep. Virgil H. Goode, Jr.			O		egory/ vpe										
	Office Sought: X House Senate President Disburse	ement For: Primary Other (spe	2006 X General ecify) ▼					Conti	ribu	tior	1					
	State: VA District: 5															
C.	Full Name (Last, First, Middle Initial) Re-Elect Brian Bilbray For Congress							Date	of D		ırser	nent	3689			
	Mailing Address 1307 9th St							1 ^M 0	М	′ L	^D 2;	3 /	Y :	ž 0 ŏ	3 ^Y	
	City Imperial Beach	State CA	Zip Code 91932					Amou	unt c	of Ea	ach [Disbui		nt this		t
	Purpose of Disbursement Contribution				0	11		L.		0		-		5000.	00	_
	Candidate Name Rep. Brian P. Bilbray			С		egory/ vpe										
	Office Sought: X House Senate President State: CA District: 49	ement For: Primary Other (spe	2006 X General ecify) ▼					Conti	ribu	tior	1					
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINI (check or	E NUMBER: PAGE 129 / 150 nly one)
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Any Information copied from such Reports and State or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Bob Filner For Congress			Transaction ID: 13373676 Date of Disbursement
Mailing Address P.O. Box 127868			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City San Diego	State Zip Code CA 92112		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Bob Filner		Category/ Type	
Senate President	sement For: 2006 Primary X General Other (specify) ▼		Contribution
State: CA District: 51 Full Name (Last, First, Middle Initial)			Transaction ID: 13375867
B. Bob Goodlatte For Congress Committee			Date of Disbursement
Mailing Address P.O. Box 292			
City Roanoke	State Zip Code VA 24002		Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement Contribution Candidate Name		011	1000.00
Rep. Robert W. Goodlatte		Category/ Type	
Office Sought: X House Disburi Senate President	sement For: 2006 Primary X General Other (specify)		Contribution
State: VA District: 6			
Full Name (Last, First, Middle Initial) C. Tim Bishop For Congress			Transaction ID: 13373691 Date of Disbursement
Mailing Address PO Box 437			M M / D B / Y Y Y O O 6 Y
City Farmingville	State Zip Code NY 11738		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Timothy Bishop		Category/ Type	_
Office Sought: X House Senate President State: NY District: 1	sement For: 2006 Primary X General Other (specify) ▼		Contribution
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SUBTOTAL of Disbursements This Page (optional		<u>_</u>	

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27 27	22 X 23 24 25 26 28a 28b 28c 29 30b
Any Information copied from such Reports and State or for commercial purposes, other than using the nan			
NAME OF COMMITTEE (In Full) American Hospital Association PAC			
Full Name (Last, First, Middle Initial) 4. Friends Of Jim Marshall			Transaction ID: 13373791 Date of Disbursement
Mailing Address 586 Orange Street			$\begin{bmatrix} M & M \\ 1 & 0 \end{bmatrix} & \begin{bmatrix} D & D \\ 2 & 3 \end{bmatrix} & \begin{bmatrix} Y & Y & Y & Q & Q & Q \\ Y & Y & Q & Q & Q & Q \end{bmatrix}$
City Macon	State Zip Code GA 31201		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. Jim Marshall		Category/ Type	
Senate President	ement For: 2006 Primary X General Other (specify) ▼		Contribution
State: GA District: 8 Full Name (Last, First, Middle Initial) Friends Of John Barrow			Transaction ID: 13373693 Date of Disbursement
Mailing Address PO Box 8166			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} D & D \\ D & 3 \end{smallmatrix} \end{bmatrix} \ / \ \begin{bmatrix} Y & Y & Y & O & O & O \\ Y & D & O & O & O \end{bmatrix}$
City Savannah	State Zip Code GA 31412		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Rep. John Barrow		Category/ Type	
Office Sought: X House Senate President State: GA District: 12	ement For: 2006 Primary X General Other (specify) ▼		Contribution
Full Name (Last, First, Middle Initial) Citizens To Elect Rick Larsen			Transaction ID: 13376122 Date of Disbursement
Mailing Address PO Box 326			$\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $
City Everett	State Zip Code WA 98206		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Rick Larsen		Category/ Type	
Office Sought: X House Disburs Senate President State: WA District: 2	ement For: 2006 Primary X General Other (specify)		Contribution
SUBTOTAL of Disbursements This Page (optional)			5000.00
TOTAL This Period (last page this line number only			

SCHEDULE B (FEC Form 3X)	Use seperate schedule(s)					
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30			
Any Information copied from such Reports and State or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)						
American Hospital Association PAC						
Full Name (Last, First, Middle Initial) Louise Slaughter Re-Election Committee			Transaction ID: 13364083 Date of Disbursement			
Mailing Address P.O. Box 730			$\begin{bmatrix} \begin{smallmatrix} M & 0 & M \\ 1 & 0 & M \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & 0 & 0 & 6 \\ & 2 & 0 & 0 & 6 \end{bmatrix}$			
City Honeoye	State Zip Code NY 14471		Amount of Each Disbursement this Period			
Purpose of Disbursement Void of 8/06 check		011	-2000.00			
Candidate Name Rep. Louise McIntosh Slaughter		Category/ Type				
Senate President	sement For: 2006 C Primary General Other (specify)		Void of 8/06 check			
State: NY District: 28 Full Name (Last, First, Middle Initial)			Transaction ID: 13376116			
Louise Slaughter Re-Election Committee			Date of Disbursement 10 24 2006			
Mailing Address P.O. Box 730						
City Honeoye	State Zip Code NY 14471		Amount of Each Disbursement this Period			
Purpose of Disbursement Contribution		011	2000.00			
Candidate Name Rep. Louise McIntosh Slaughter		Category/ Type				
Senate President	sement For: 2006 Primary X General Other (specify) ▼		Contribution			
State: NY District: 28 Full Name (Last, First, Middle Initial)			Transaction ID: 13376129			
Mark Udall For Congress Inc.			Date of Disbursement			
Mailing Address 8690 Wolff Court #200			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & 4 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $			
City Westminster	State Zip Code CO 80031		Amount of Each Disbursement this Period			
Purpose of Disbursement Contribution		011	1000.00			
Candidate Name Rep. Mark Udall		Category/ Type				
Senate President	sement For: 2006 Primary X General Other (specify)		Contribution			
State: CO District: 2			4000 00			
SUBTOTAL of Disbursements This Page (optional)	<u> </u>	1000.00			
TOTAL This Period (last page this line number only	Λ)					

	B (FEC Form 3X SBURSEMENTS	' Use sepe	erate schedule(s) category of the					2 / 150
LIVIIZED DI	ODOROEMEN I	Detailed S	Summary Page	21b 27		23 24 28b 28	4 25 3c 29	26 30b
	ed from such Reports and rposes, other than using							
NAME OF COM	MITTEE (In Full) pital Association PAC	`						
/		,						
Full Name (Last, Inslee For Cor	First, Middle Initial) ngress				Transactio Date of Dis	bursement		· V
Mailing Address	PO Box 33027				10 /	24	žoŏ	6
City Seattle		State WA	Zip Code 98133		Amount of I	Each Disbu		
Purpose of Disbu Contribution				011			1000	0.00
Candidate Name Rep. Jay Insle	e			Category/ Type				
Office Sought: State: WA	X House Senate President District: 1	Disbursement For: Primary Other (spe	2006 X General cify) ▼		Contribution	on		
	First, Middle Initial)				Transactio Date of Dis		6127	
Mailing Address	PO Box 2926				10 /	24	y žoó	6 Y
City Pasco		State WA	Zip Code 99302		Amount of I	Each Disbu	rsement this	
Purpose of Disbu Contribution				011			2000	0.00
Candidate Name Rep. Richard	Hastings			Category/ Type				
Office Sought: State: WA	X House Senate President District: 4	Disbursement For: Primary Other (spe	2006 X General cify) ▼		Contribution	on		
	First, Middle Initial)				Transactio Date of Dis		6113	
Mailing Address	PO Box 599				10 /	24	y žoó	6 Y
City Katonah		State NY	Zip Code 10536		Amount of I	Each Disbu	rsement this	Period
Purpose of Disbu	ursement			011			4000	0.00
Candidate Name Sue Kelly				Category/ Type				
Office Sought: State: NY	X House Senate President District: 19	Disbursement For: Primary Other (spe	2006 X General cify) ▼		Contribution	on		
		arl'an all				• •	7000	00
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IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page		È	21b 27		22 28a	Х	23 28b	П	24 28c	25 29	26 30k
	y Information copied from such Reports and State												
or	for commercial purposes, other than using the nar	ne and address of any politica	u com	ım	littee to	SOIICIT	contr	ibuti	ons tr	om s	sucn co	mmittee	•
$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC												
L	7 amonoan moophal moodolation mile												
Α.	Full Name (Last, First, Middle Initial)										37610	6	
Λ.	Dutch Ruppersberger For Congress							of Di м	isburs		nt	V V	V
	Mailing Address 22 West Padonia Road	Suite C-141					1 0		2	24	Ĺ	žoŏ	6
	City	State Zip Code					Amou	nt of	Each	Disl	bursem	ent this	Period
	Timonium Rurrage of Dishurragement	MD 21093							-	•		2000	.00
	Purpose of Disbursement Contribution		П	0	11			-					
	Candidate Name		Ca	ate	egory/	'							
	Rep. C.A. Dutch Ruppersberger			T	ype								
	Office Sought: X House Disbur	sement For: 2006 Primary X General				C	Contri	but	ion				
	President	Other (specify)											
	State: MD District: 2												
В.	Full Name (Last, First, Middle Initial) Cole For Congress								on ID:		37610	2	
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	Mailing Address P.O. Box 722256						10		2	2 4	L	200	6
	City Norman	State Zip Code OK 73070				-	Amou	nt of	Each	Disl	bursem	ent this	Period
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	Candidate Name Rep. Thomas Cole				egory/								
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	President	Other (specify)											
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C.	Cathy McMorris For Congress								on ID: isburs		37612: nt	5	
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	Mailing Address Box 137						1 0					200	
	City Spokane	State Zip Code WA 99210				4	Amou	nt of	Each	Disl	bursem	ent this	Period
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	Candidate Name		1 —	_	11 egory/								
	Rep. Cathy McMorris Rodgers				ype								
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	Detailed Summary Page 27	28a 28b 28c 29 30k
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NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		
Full Name (Last, First, Middle Initial) Grant For Congress		Transaction ID: 13384659 Date of Disbursement
Mailing Address P O Box 489		10 M / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City Fruitland	State Zip Code ID 83619	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	5000.00
Candidate Name Mr. Larry Grant	Category. Type	
Senate President	rsement For: 2006 Primary X General Other (specify)	Contribution
State: ID District: 1 Full Name (Last, First, Middle Initial)		Transaction ID: 13376075
Inslee For Congress		Date of Disbursement
Mailing Address PO Box 33027		10 25 2006
City Seattle	State Zip Code WA 98133	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	2000.00
Candidate Name Rep. Jay Inslee	Category Type	
Office Sought: X House Disbu	rsement For: 2006 Primary X General Other (specify) ▼	Contribution
State: WA District: 1		
Full Name (Last, First, Middle Initial) Westmoreland For Congress		Transaction ID: 13376078 Date of Disbursement
Mailing Address P.O. Box 458		1 0 M / D D D / Y 2 0 0 6 Y
City Sharpsburg	State Zip Code GA 30277	Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	011	2000.00
Candidate Name Rep. Lynn A. Westmoreland	Category. Type	
Office Sought: X House Senate President State: GA Disbu	rsement For: 2006 Primary X General Other (specify)	Contribution
	n.	9000.00
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	FOR LINE (check on	E NUMBER: PAGE 135 / 150 ly one)
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NAME OF COMMITTEE (In Full)			
American Hospital Association PAC			
Full Name (Last, First, Middle Initial) A. Cathy McMorris For Congress			Transaction ID: 13375897 Date of Disbursement
Mailing Address Box 137			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D & D \\ 2 & D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Q & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} $
City Spokane	State Zip Code WA 99210		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution	35210	011	1000.00
Candidate Name Rep. Cathy McMorris Rodgers		Category/ Type	
Senate President	sement For: 2006 Primary X General Other (specify) ▼		Contribution
State: WA District: 5 Full Name (Last, First, Middle Initial)			Transaction ID: 13399047
B. Nancy Boyda For Congress			Date of Disbursement
Mailing Address PO Box 1474			
City Topeka	State Zip Code KS 66612		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	2000.00
Candidate Name Nancy Boyda		Category/ Type	
Office Sought: X House Disbur Senate President	sement For: 2006 Primary X General Other (specify)		Contribution
State: KS District: 2			
Full Name (Last, First, Middle Initial) C. Peter Hoekstra For Congress			Transaction ID: 13393805 Date of Disbursement
Mailing Address 1454 Cimarron Drive			$\begin{array}{c ccccccccccccccccccccccccccccccccccc$
City Holland	State Zip Code MI 49423		Amount of Each Disbursement this Period
Purpose of Disbursement Contribution		011	1000.00
Candidate Name Rep. Peter Hoekstra		Category/ Type	
Office Sought: X House Senate President State: MI District: 2	sement For: 2006 Primary X General Other (specify) ▼		Contribution
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	NAME OF COMMITTEE (In Full)															
	American Hospital Association PAC															
	Full Name (Last, First, Middle Initial) Charlie Melancon Campaign Committee I	nc						Trans Date					3792			
,	Mailing Address 511 Congress St PO Box 549							1 ^M 0	М	′	^D 2	^D /	Y	ž o ŏ (3 Y	
	City Napoleonville	State LA	Zip Code 70390					Amou	unt c	of Ea	ach [Disbur	seme	nt this	Perio	t
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В.	Van Hollen For Congress							Date	of D		urser	ment		Y Y	Υ	
	Mailing Address 10537 St. Paul Street							1 0		L	3	0		ž o ŏ (3	
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_	Full Name (Last, First, Middle Initial) Committee To Elect Artur Davis To Congr	ess						Trans Date	of D		urser	ment				
	Mailing Address Post Office Box 1845							1 ^M 0	М	′ L	^D 3	o ′	2	ž 0 ŏ (3 Y	
	City Birmingham	State AL	Zip Code 35201					Amou	unt c	of Ea	ach [Disbur		nt this		t
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NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					
Full Name (Last, First, Middle Initial) Louie Gohmert For Congress Commit	tee		Transaction ID: 13395466 Date of Disbursement		
Mailing Address PO Box 8060			$\begin{bmatrix} \begin{smallmatrix} M & M \\ 1 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} D & 3 & 0 \\ 3 & 0 \end{smallmatrix} \end{bmatrix} \ \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{smallmatrix} \end{bmatrix}$		
City Tyler	State Zip Code TX 75711		Amount of Each Disbursement this Period		
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Candidate Name Rep. Louie Gohmert	-	Category/ Type			
Senate President	bursement For: 2006 Primary X General Other (specify)		Contribution		
State: TX District: 1					
Full Name (Last, First, Middle Initial) Hal Rogers For Congress			Transaction ID: 13398444 Date of Disbursement		
Mailing Address P.O. Box 1214 East Mt Vernon St			10		
City Somerset	State Zip Code KY 42502		Amount of Each Disbursement this Period		
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Rep. Harold Rogers		Category/ Type			
Office Sought: X House Senate President State: KY District: 5	bursement For: 2006 Primary X General Other (specify) ▼	71-	Void of 9/06 check		
Full Name (Last, First, Middle Initial) - Upton For All Of Us			Transaction ID: 13398442 Date of Disbursement		
Mailing Address P.O. Box 490			10 31 / 2006		
City St. Joseph	State Zip Code MI 49085		Amount of Each Disbursement this Period		
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Candidate Name Rep. Fred Upton	-	Category/ Type			
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Α.	Full Name (Last, First, Middle Initial)						Trans					43		
۸.	Mike Thompson For Congress							of D	isburs		ent /	Y Y	Y	Y
	Mailing Address 5429 Madison Avenue						1 0		3	3 ^D	L	2	0 0 6	5
	City	State Zip Code					Amou	ınt o	f Each	n Dis	burse	emen	t this f	Period
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В.	Full Name (Last, First, Middle Initial) Bob Etheridge For Congress Committee						Trans Date		on ID isburs			137		
	Mailing Address PO Box 28001						1 ^M 0	М	/ D 3	3 ^D		Ž	οŏε	3 Y
	City Raleigh	State Zip Code NC 27611					Amou	ınt o	f Each	n Dis	sburse	-	t this f	-
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C.	Full Name (Last, First, Middle Initial) Blumenauer For Congress						Trans Date		on ID isburs			141		
	Mailing Address 830 Ne Holladay Suite	105					1 ^M 0	М	/ D	3 1	/	^Y 2	0 0 6	3 Y
	City Portland	State Zip Code OR 97232					Amou	ınt o	f Each	n Dis	sburse	emen	t this f	Period
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	Candidate Name Rep. Earl Blumenauer		Ca	at	egory ype	′/								
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SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use seperate schedule(s) for each category of the	the (crieck only one)				
	Detailed Summary Page	21b 27	22 X 23 24 25 26 28a 28b 28c 29 30k			
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NAME OF COMMITTEE (In Full) American Hospital Association PAC						
Full Name (Last, First, Middle Initial) 4. Friends Of Phil Hare			Transaction ID: 13398438 Date of Disbursement			
Mailing Address P.O. Box 4183			1 0 M / D 3 1 Y 2 0 0 6 Y			
City Rock Island	State Zip Code IL 61202		Amount of Each Disbursement this Period			
Purpose of Disbursement Contribution		011	3000.00			
Candidate Name Mr. Philip Hare Office Sought: X House Disburs	ement For: 2006	Category/ Type				
Office Sought: X House Disburs Senate President State: IL District: 17	Primary X General Other (specify)		Contribution			
Full Name (Last, First, Middle Initial) Price For Congress Committee			Transaction ID: 13399007 Date of Disbursement			
Mailing Address P. O. Box 1986			1 1 M 1 M / D 0 1 / Y Y Y O O 6 Y			
City Raleigh	State Zip Code NC 27602		Amount of Each Disbursement this Period			
Purpose of Disbursement Contribution Candidate Name		011 Category/	3000.00			
Rep. David E. Price	ement For: 2006	Type				
Senate President State: NC District: 4	Primary X General Other (specify)		Contribution			
Full Name (Last, First, Middle Initial) Markey Committee, The			Transaction ID: 13399616 Date of Disbursement			
Mailing Address P.O. Box 526			$\begin{bmatrix}\begin{smallmatrix}M\\1\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}M\\M\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\0\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}D\\0\end{smallmatrix}\end{bmatrix}^M \begin{bmatrix}\begin{smallmatrix}Y\\0\end{smallmatrix}\end{bmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\2\end{smallmatrix}\end{bmatrix} \begin{bmatrix}\begin{smallmatrix}Y\\0\end{smallmatrix}\end{bmatrix} \begin{bmatrix}Y\\0\end{smallmatrix}$			
City Medford	State Zip Code MA 02155		Amount of Each Disbursement this Period			
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Candidate Name Rep. Edward J. Markey	ement For: 2006	Category/ Type				
Office Sought: X House Disburs Senate President State: MA District: 7	Primary X General Other (specify)		Contribution			
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$ \rangle$	NAME OF COMMITTEE (In Full) American Hospital Association PAC											
L	American Hospital Association 1 Ac											
Α.	Full Name (Last, First, Middle Initial)									399653		
Α.	Tierney For Congress						of D м	isburs	eme		V V	V
	Mailing Address 49 Federal Street					1"1		<u> </u>) 1	<u> </u>	ž 0 Ď (3
	City	State Zip Code				Amou	ınt o	f Each	Disl	burseme	nt this	Period
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	Candidate Name		Ca	ate	egory/							
	Rep. John F. Tierney			Ty	/pe							
	Office Sought: X House Disbu	rsement For: 2006 Primary X General				Contr	ibut	tion				
	President	Other (specify)										
_	State: MA District: 6											
В.	Full Name (Last, First, Middle Initial) Citizens For John Olver For Congress							i on ID :		399619		
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	Mailing Address P.O. Box 819 PO Box 819					11) 1	<u> </u>	ž 0 Ŏ (5
	City Amherst	State Zip Code MA 01004				Amou	ınt o	f Each	n Disl	burseme	nt this I	Period
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	Candidate Name Rep. John W. Olver				egory/ /pe							
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	Senate President	Primary X General Other (specify) ▼				001111						
	State: MA District: 1	Other (specify)										
C.	Full Name (Last, First, Middle Initial) Re-Elect McGovern Committee							ion ID		399618		
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	Mailing Address PO Box 60405					1 1	_) 1		2000	2
	City Worcester	State Zip Code MA 01606				Amou	ınt o	f Each	n Disl	burseme		
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	Candidate Name Rep. James P. McGovern		Ca	ate	egory/ /pe							
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\rangle	American Hospital Association PAC														
Α.	Full Name (Last, First, Middle Initial) Delahunt For Congress Committee							Trans Date		-	-		652		
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	City Quincy	State MA	Zip Code 02171					Amou	ınt c	of Ea	ch D	isbur	semer	nt this	Period
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B.	Kind For Congress Committee							Date		isbu	rsem	nent		2 0 ŏ	Y
	Mailing Address 205 South 5th Ave Suite 428							11		L	0 1		_		
	City La Crosse	State WI	Zip Code 54601					Amou	ınt c	of Ea	ch D	isbur		nt this 2000.	
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	State: WI District: 3														
C.	Full Name (Last, First, Middle Initial) Barney Frank For Congress Committee							Trans Date		isbu	rsem	nent		, , , ,	V.
	Mailing Address PO Box 260							1 [™] 1	IVI	Ĺ	0 1		<u>'</u> 2	Ý 0 Ŏ	6
	City Newtonville	State MA	Zip Code 02460					Amou	ınt c	f Ea	ch D	isbur			Period
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NAME OF COMMITTEE (In Full)						
American Hospital Association PAC						
Full Name (Last, First, Middle Initial) A. Bass Victory Committee			Transaction ID: 13398979 Date of Disbursement			
Mailing Address PO Box 3451						
City Concord	State Zip Code NH 03302		Amount of Each Disbursement this Period			
Purpose of Disbursement Contribution		011	2500.00			
Candidate Name Mr. Charles Bass	C	Category/				
Office Sought: X House Disburs Senate President	ement For: 2006 Primary X General Other (specify)	.,,,,,	Contribution			
State: NH District: 2						
Full Name (Last, First, Middle Initial) Stephen F. Lynch For Congress Committee	ee		Transaction ID: 13491302 Date of Disbursement			
Mailing Address 105 Farragut Road			$\begin{bmatrix} M & M & M \\ 1 & 1 & M \end{bmatrix} / \begin{bmatrix} D & D & D \\ 0 & 1 \end{bmatrix} / \begin{bmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 6 \end{bmatrix}$			
City South Boston	State Zip Code MA 02127		Amount of Each Disbursement this Period			
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Candidate Name Rep. Stephen F. Lynch		Category/				
Senate President	ement For: 2006 Primary X General Other (specify)	,,	Contribution			
State: MA District: 9 Full Name (Last, First, Middle Initial)						
Scott Garrett For Congress			Transaction ID: 13399011 Date of Disbursement			
Mailing Address P.O. Box 905			111 01 7 2006			
City Newton	State Zip Code NJ 07860		Amount of Each Disbursement this Period			
Purpose of Disbursement Contribution	Г	011	1000.00			
Candidate Name Rep. Scott Garrett		Category/ Type				
Senate President	ement For: 2006 Primary X General Other (specify)	71	Contribution			
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· Jim Costa For Congress						of Di м	sburs		ıt	V . V	V
Mailing Address 2037 W Bullard Avenu # 355	9				1 1		<u>ַ</u>	1	Ĺ.	ž 0 ŏ (3
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Contribution			Ō.	11					•		
Candidate Name Rep. James Costa				egory/ /pe							
	sement For: 2006 Primary X General Other (specify)	<u> </u>	• ,	po	Contr	ibut	ion				
Full Name (Last, First, Middle Initial)					Trans	acti	on ID:	: 134	20326	;	
· Friends Of Dick Durbin Committee						_	sburs		ıt		_
Mailing Address PO Box 1949					1 1	М	[′] 1	5	/ Y	ž 0 ŏ (3 Y
City Springfield	State Zip Code IL 62705				Amou	int o	f Each	Disk	oursem	ent this	
Purpose of Disbursement 2008 Contribution		Г	٥.	11						500.	00
Candidate Name Sen. Richard J. Durbin		Ca	ate	egory/ /pe							
X Senate President	sement For: 2008 X Primary General Other (specify)	•			2008	Cor	ntribu	tion			
State: IL District: 1 Full Name (Last, First, Middle Initial)								404			
Friends Of Dick Durbin Committee					Date	of Di	sburs	emer	20328 it		_
Mailing Address PO Box 1949					1 1	М	1	5	/ L	ž 0 ŏ (3 ^Y
City Springfield	State Zip Code IL 62705				Amou	int o	f Each	Disk	oursem	ent this	Period
Purpose of Disbursement 2008 Contribution			Ů.	11		_				500.	00
Candidate Name Sen. Richard J. Durbin		Ca	ate	egory/ /pe							
Office Sought: House Disbu	sement For: 2008 Primary X General Other (specify)	I	.,	1: -	2008	Cor	ntribu	tion			
SUBTOTAL of Disbursements This Page (optional	l)			. •		•	•			2500.	00

	CHEDULE B (FEC Form 3X)	Use sep	erate schedule(s)				R LINE NUMBER: PAGE ck only one)		144	/ 150	_					
	EMIZED DISBURSEMENTS	Detailed	category of the Summary Page		È	21b 27	É	22 28a	X	23 28k		24 280		25 29	<u></u> 3	26 80b
	y Information copied from such Reports and Staten for commercial purposes, other than using the nam														IS	
\vdash	NAME OF COMMITTEE (In Full)															_
$ \rangle$	American Hospital Association PAC															
Α.	Full Name (Last, First, Middle Initial) Citizens For Altmire							Trans Date					329			
	Mailing Address PO Box 1776							1 ^M 1	М	/ [15	/	YZ	žoó(3 ^Y	
	City Freedom	State PA	Zip Code 15042					Amou	ınt o	f Ea	ch D	isburs		nt this		_
	Purpose of Disbursement Contribution				0	11								2000.	00	_
	Candidate Name Mr. Jason Altmire			С		egory/ vpe										
	Senate President X	ement For: Primary Other (spe						Contr	ribut	tion						
		ieneral De	ebt Re													_
В.	Full Name (Last, First, Middle Initial) Glacier PAC							Trans Date	of D	isbu	rsem	ent		.,, .	V	
	Mailing Address 818 Connecticut Ave., N Suite 1100	W						1 1	М	/ L	17		[*] 2	ž 0 ŏ (3 [*]	
	City Washington	State DC	Zip Code 20006					Amou	ınt o	f Ea	ch D	isburs		nt this		7
	Purpose of Disbursement 2006 Contribution				٥	11	1		-	-	_	_		5000.	00	J
	Candidate Name			С	ate	egory/ vpe	1									
	Office Sought: House Senate President State: District:	ement For: Primary Other (spe	General ecify) ▼					2006	Co	ntrik	utio	n				
C.	Full Name (Last, First, Middle Initial) Weldon Victory Committee							Trans Date					'178			
	Mailing Address P. O. Box 1992							1 1	М	/ [2 7	'	Y	ž 0 ŏ (3 Y	
	City Media	State PA	Zip Code 19063					Amou	ınt o	f Ea	ch D	isburs		nt this		_
	Purpose of Disbursement Void of 10/06 check				Ó	11					•			4500.	00	_
	Candidate Name Mr. W Curtis Weldon			С		egory/ vpe										
	Office Sought: X House Senate President State: PA District: 7	ement For: Primary Other (spe	2006 X General ecify) ▼					Void	of 1	0/06	6 ch	eck				
s	UBTOTAL of Disbursements This Page (optional)					.)	<u> </u>						2	2500.	00]
T.	OTAL This Period (last page this line number only)					1	-						111	000.	00	1

S	CHEDULE B (FEC Form 3X)	Use seperate schedule(s)		NUMBER: PAGE 145/150
IT	EMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check onl	y one) 22 23 24 25 26 X 28a 28b 28c 29 30b
	y Information copied from such Reports and Stat for commercial purposes, other than using the na			
$\overline{\ }$	NAME OF COMMITTEE (In Full)			
/	American Hospital Association PAC			
	Full Name (Last, First, Middle Initial)			Transaction ID: 13480193
۹.	Holbrook & Osborn, PA			Date of Disbursement
	Mailing Address 7400 West 110th Street	t, Suite 600		10 0 20 7 2006
	City Overland Park	State Zip Code KS 66210-2360		Amount of Each Disbursement this Period
	Purpose of Disbursement Refund of 9/5/2006 Contribution		010	500.00
	Candidate Name		Category/ Type	
	Office Sought: House Disbu	sement For:		Refund of 9/5/2006 Contri-
	Senate	Primary General		bution
	President	Other (specify)		
	State: District:			

		500.00
SUBTOTAL of Disbursements This Page (optional)	>	500.00
TOTAL This Period (last page this line number only)	•	500.00

ITEMIZED INDEPENDENT EX	PENDITUR	ES			PAGE 146 / 150 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					
American Hospital Association PAC					C C00106146
Check if 24-hour notice 48-	hour notice				C
Full Name (Last, First, Middle, Initial) of Pa	vee			Date	
Multi Media Services Corporation	•			1 0 /	D D / Y Y Y Y Y Y 2 0 0 6
Mailing Address				Amount	
915 King Street					55000.00
2nd Floor				Tuenesealis	
City	State	Zip Co	de		n ID: 13357930
Alexandria	VA	22314	ļ	Office Sough	
Purpose of Expenditure Radio Advertising & Production		Category/ Type	004		Senate District: 15 Presidential
Name of Federal Candidate supported or C	opposed by expend	iture:		Check One:	X Support Oppose
Rep. Deborah Pryce	,,,,,,,				
, ,				Disbursemen	nt For: Primary X General 20
Calendar Year-To-Date Per Election				Oth	er (specify) :
for Office Sought		5500	0.00		
for Office Sought					
Full Name (Last, First, Middle, Initial) of Pa	yee			Date	
Mac Williams Robinson & Partners Inc.				м м / 1 0	3 1 Y Y Y Y Y Y Y 2 0 0 6
Mailing Address				Amount	2000
1600 L Street, NW, Suite 301				Amount	
, , , , , , , , , , , , , , , , , , , ,				L	23383.33
City	State	Zip Co	do	Transactio	n ID: 13399043
Washington	DC	20036		Office Sough	t: X House State: IA
Purpose of Expenditure					Senate District: 3
Radio Advertising &		Category/ Type	004		Presidential
Production				Check One:	X Support Oppose
Name of Federal Candidate supported or C	opposed by expend	liture:		CHOCK CHO.	X Support Oppose
Rep. Leonard L. Boswell				Disbursemen	nt For: Primary X General 20
				Oth	er (specify) :
Calendar Year-To-Date Per Election		2338	3.33		or (speedily) :
for Office Sought					
(a) CURTOTAL of Itamizad Indonosidant Fun	andituras				78383.33
(a) SUBTOTAL of Itemized Independent Exp	enditures	•••••			1000.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures				0.00
(c) TOTAL Independent Expenditures					
Under penalty of perjury I certify that the independ or at the request or suggestion of, any candidate of committee) any political party committee or its age	r authorized commit				
		-	M M		Y ' Y ' Y ' Y
Ms. Melinda Hatton		Da	te 0.5	18	2007
Signature					

TEMIZED INDEPENDENT EXF	PENDITURE	ES			F	PAGE 147 / 1 FOR LINE 24 (
NAME OF COMMITTEE (In Full)					EEC IDE	ENTIFICATION N		Ť
American Hospital Association PAC						C00106146	OMBER 4	
Check if 24-hour notice 48-hour	our notice					300100140		
Full Name (Last, First, Middle, Initial) of Paye				Date	!			
Mac Williams Robinson & Partners Inc.				M M /	^D 3 1	Y Y Y Y 2 0 0	6 Y	
Mailing Address				Amount				
1600 L Street, NW, Suite 301				Tuonanatio	- ID-100	31883.3	3	
City	State	Zip Cod		Transactio				_
Washington	DC	20036		Office Sough	\rightarrow		tate: SC	_
Purpose of Expenditure Radio Advertising & Production		Category/ Type	004		\rightarrow	Senate Dis Presidential	strict: 5	-
Name of Federal Candidate supported or Op	posed by expendi	ture:		Check One:	XS	Support	Oppose	
Rep. John M. Spratt, Jr.				Disbursemen	t For:	Primary >	General	2006
							General	2000
Calendar Year-To-Date Per Election		3188	3.33	Oth	er (speci	fy) :		
for Office Sought								
Full Name (Last, First, Middle, Initial) of Paye	ee			Date				_
Mac Williams Robinson & Partners Inc.				M M /	D D D	/ Y Y Y Y 2 0 0	6 Y	
Mailing Address				Amount				
1600 L Street, NW, Suite 301						49257.3	4	
				Transactio	n ID: 133	399045		
City	State DC	Zip Coo 20036		Office Sough	_		tate: MD	_
Washington	DC	20036			\rightarrow		strict: 2	_
Purpose of Expenditure Radio Advertising & Production		Category/ Type	004			Presidential		-
Name of Federal Candidate supported or Op	posed by expendi	ture:		Check One:	XS	Support	Oppose	
Mr. Benjamin Cardin				Disbursemen	t For:	Primary 2	General	2006
					_	-	General	2000
Calendar Year-To-Date Per Election		4925	7.34	Otne	er (speci	fy) :		
for Office Sought	• • • •							
(a) SUBTOTAL of Itemized Independent Exper	ditures					811	40.67	
							0.00	
(b) SUBTOTAL of Unitemized Independent Exp	oenditures					-	0.00	
(c) TOTAL Independent Expenditures								
Under penalty of perjury I certify that the independer or at the request or suggestion of, any candidate or committee) any political party committee or its agent	authorized committe							
Ma. Malkada II. U.		-	M M		Y ' Y ' Y	Υ		
Ms. Melinda Hatton		Da	te 0.5	18	2007			
Signature								

TEMIZED INDEPENDENT EXPENDIT	URES					PAGE 148 / 150 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)					EEC II	
American Hospital Association PAC					C	C00106146
Check if 24-hour notice 48-hour notice						333133113
Full Name (Last, First, Middle, Initial) of Payee				Date		
Multi Media Services Corporation				M M /	D 3	2006
Mailing Address				Amount		
915 King Street 2nd Floor						8000.00
City	State	Zip Co	de	Transaction		
Alexandria	VA	22314	-	Office Sought	t: X	House State: OH
Purpose of Expenditure Radio Advertising	Ca	ategory/ Type	004			Senate District: 15 Presidential
Name of Federal Candidate supported or Opposed by e Rep. Deborah Pryce	expenditure	e:		Check One:	X	Support Oppose
пер. Бероган гтусе				Disbursemen	t For:	Primary X General 2006
Calendar Year-To-Date Per Election				Othe	er (spe	cify) :
for Office Sought	-	6300	0.00			
Full Name (Last, First, Middle, Initial) of Payee				Date		
Upgrade Films				M M /	D 3 5	2006
Mailing Address				Amount		
1023 31st ST. NW					15 46	2992.62
City	State	Zip Co	de	Transaction		
	DC	20007	,	Office Sought	t: X	House State: AZ Senate District: 1
Purpose of Expenditure	Ca	ategory/	004		H	Presidential
Radio Production		Type	004			
Name of Federal Candidate supported or Opposed by e	expenditure	э:		Check One:	X	Support Oppose
Rep. Rick Renzi				Disbursemen	t For	X Primary General 2006
						cify):
Calendar Year-To-Date Per Election for Office Sought	• • •	299	2.62	Othe	er (spec	any)
(a) SUBTOTAL of Itemized Independent Expenditures						10992.62
(b) SUBTOTAL of Unitemized Independent Expenditures						0.00
(c) TOTAL Independent Expenditures						
Under penalty of perjury I certify that the independent expenditu or at the request or suggestion of, any candidate or authorized committee) any political party committee or its agent.						
Ms. Melinda Hatton Signature		Da	te 05		y y 2007	

ITEMIZED INDEPENDENT EXPENDITU	IRES	PAGE 149 / 150 FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		
American Hospital Association PAC		C C00106146
Check if 24-hour notice 48-hour notice		C 300100140
Full Name (Last, First, Middle, Initial) of Payee		Date
Upgrade Films		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
1023 31st ST. NW		2992.63
City Sta	ate Zip Code	Transaction ID: 13401762
Washington	20007	Office Sought: X House State: NY
Purpose of Expenditure Radio Production	Category/ Type 004	Senate District: 25 Presidential
Name of Federal Candidate supported or Opposed by exp Rep. James T. Walsh	enditure:	Check One: X Support Oppose
nep. James 1. Waish		Disbursement For: Primary X General 200
		Other (specify) :
Calendar Year-To-Date Per Election	48632.63	, , , , <u></u>
for Office Sought		
Full Name (Last, First, Middle, Initial) of Payee		Date
Voter Strategies		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
78-710 Avendia Nuestra		13245.00
City	ate Zip Code	Transaction ID: 13401756
LaQuinta Ca	A 92253	Office Sought: X House State: AZ
Purpose of Expenditure	Category/ 004	Senate District: 1 Presidential
Radio Advertising	Type 004	1 Tesideritia
Name of Federal Candidate supported or Opposed by exp	enditure:	Check One: X Support Oppose
Rep. Rick Renzi		
		Disbursement For: Primary X General 200
Calendar Year-To-Date Per Election		Other (specify) :
for Office Sought	13245.00	
(a) SUBTOTAL of Itemized Independent Expenditures		16237.63
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditures or at the request or suggestion of, any candidate or authorized corcommittee) any political party committee or its agent.		
	Data M* M	D D Y Y Y Y Y
Ms. Melinda Hatton	Date 0.5	18 2007
Signature		

EMIZED INDEPENDENT EXF	PAGE 150 / 150 FOR LINE 24 OF FORM 3X	
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER
American Hospital Association PAC		C C00106146
Check if 24-hour notice 48-hour	our notice	
Full Name (Last, First, Middle, Initial) of Paye	e	Date
Voter Strategies		1.0 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address		Amount
78-710 Avendia Nuestra		45640.00 Transaction ID: 13401757
City	State Zip Code	
LaQuinta	CA 92253	Office Sought: X House State: NY
Purpose of Expenditure Radio Advertising	Category/ Type 004	Senate District: 25 Presidential
Name of Federal Candidate supported or Op	posed by expenditure:	Check One: X Support Oppose
Rep. James T. Walsh		Disbursement For: Primary X General 200
Calendar Year-To-Date Per Election for Office Sought	45640.00	Other (specify) :

(a) SUBTOTAL of Itemized Independent Expenditures		45640.00						
(b) SUBTOTAL of Unitemized Independent Expenditures		0.00						
(c) TOTAL Independent Expenditures		232394.25						
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.								
Ms. Melinda Hatton Signature	Date 05 18	2007						